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INCORPORATING RETAIL CHEMIST

SEPTEMBER 16 1978

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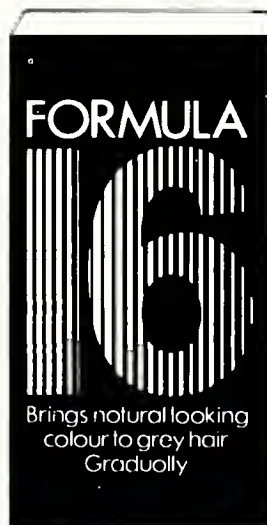
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Coventry

NPA to lobby
Parliament on
'bureaucracy'

Oxygen fees
increased

A Numark
convention

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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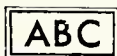
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16 September 1978

COMMENT

How low is too low?

"It is now quite clear that the decline in the number of pharmacies cannot be allowed to continue at its present rate." No, that is not a quotation from Mr David Ennals, Secretary for Social Services, at opening of this year's British Pharmaceutical Conference (p436); the words are those of Mr Roland Moyle, Minister for Health, during the opening of last year's Conference in Sheffield.

Mr Ennals, in his address at Coventry on Monday, took comfort from the fact that "the rate of closures of pharmacies seems now to be significantly slowing down." In the recent Commons debate on pharmacy, Mr Moyle was more circumspect, being prepared to "wait and see" how the trend developed. Unfortunately for both gentlemen, the August closure figures (p444) have given a different—but timely—complexion to the trend. In the net loss of 31 pharmacies we have the highest rate of monthly closures since June 1975 (it compares with only eight in August 1977) and the total for 1978 is now running almost parallel with last year's.

Where is the comfort in that, even allowing that the August figure may be an exception? Perhaps Government Ministers are so bemused by the "rate" of inflation, the "rate" of wage increases, the "rate" of unemployment, etc, that they can conveniently overlook the need to consider some statistics in terms of absolute numbers. In fact, Mr Moyle should have said last year that "the decline in the number of pharmacies cannot be allowed to continue"—full stop! Perhaps it *would* take another 78 years to eliminate all pharmacies at the present "rate", but that is hardly the point. The point is that we have already reached (some would say passed) the minimum numbers required for an adequate pharmaceutical service. All we require is relocation to ensure better access to the service for all members of the community.

And Mr Ennals himself gave good reasons in his Coventry speech as to why the public should be afforded such access—summed up in the sentiment that "the pharmacist can, by his wise counsel, engender in the public at large a more realistic and well-informed attitude towards medicines". That is the very point of the campaigns which the Government has and is promoting through, for example, the Health Education Council. But what point can there be in persuading the public of the desirability of consulting a pharmacist when there is no pharmacist to consult?

The continuing decline in pharmacy numbers also threatens the constructive proposal of Mr J. P. Kerr in the first professional session (p463), that pharmacists should be allowed to counter-prescribe on the NHS from a restricted list of drugs. The point was picked up by the Society's president, Mr Balmford, in opening the Conference, when he argued that patients who do heed the advice to consult their pharmacist should not be financially penalised in comparison with those who insist on taking up medical practitioners' time with trivial problems.

At the heart of the matter is, of course, the question of NHS remuneration. Conference was the wrong platform for announcement of any breakthrough in negotiations with PSNC, but Mr Ennals' assurance that he is not employing "delaying tactics" is mere words. "Tactics" it may not be, but "delaying" in terms of halting pharmacy closures it certainly is. The Prime Minister has postponed the election, but the Government's position is such that it can only put "non-controversial" proposals to Parliament. Pharmacy's cause has all-party support, so how about it Mr Ennals? Hesitate no longer!

Chemist & Druggist 435

Arbitration dispute 'should not drag on'

Mr David Ennals, Secretary for Social Services, said on Monday that he valued his relations with pharmacy too much to want any dispute with the profession to "drag on needlessly."

At the British Pharmaceutical Conference in Coventry he referred to the fact that he and the Pharmaceutical Services Negotiating Committee had "been at odds for some time" about the rate of return which retail pharmacists should receive on the capital employed in NHS dispensing. "There will be other more suitable occasions for pursuing that subject but I should simply like to say that I value my relations with your profession, and the contribution which it makes to the NHS, too highly for me to want to see any dispute dragging on needlessly. As I have repeatedly made clear, I have not ruled out the possibility of arbitration at an appropriate time and meanwhile we are striving with the PSNC to define more precisely the points of disagreement between us. These are not delaying tactics, I assure you, but a sincere attempt to clear any misunderstandings."

Earlier Mr Ennals acknowledged that pharmacists were providing a much needed information service. "The pharmacist is particularly well placed to influence the attitude of the public towards medicines: by his explorations he can help secure better compliance by patients with their prescriber's directions and by his wise counsel engender in the public at large a more realistic and well-informed attitude towards medicines. I am naturally pleased that the rate of closure of pharmacies seems now to be slowing down significantly."

Mr Ennals confirmed that the campaign being planned by the Health Education Council to promote respect for the use of medicines will be launched in February 1979 when greater resources might be available.

Speedier medicines review

Turning to the review of medicines, Mr Ennals said some 23,000 products still had to be reviewed. "This is clearly a formidable task for some years ahead. We are therefore about to announce decisions which should enable us to make better progress. Preliminary stages of consultation with manufacturers and industry will be eliminated; we shall concentrate on products rather than ingredients; and we shall pick out for special expedited review, ahead of their therapeutic categories, products and groups of products where there are grounds to suppose safety risks. We may well have to consider whether a more flexible and freer use of the powers of Section 62 of the Medicines Act to ban products or groups of products, where appro-



Mr David Ennals

priate would help us to speed up the review. If so, there would, of course, be wide consultation with interested parties about cases where it was thought that the right course of action was to propose a Section 62 order."

Pharmacists should prescribe on NHS says president

The recommendation that doctors should advise their patients to take their minor ailments to the pharmacy direct was hailed as one of the greatest steps forward in the history of general practice pharmacy by Mr John Balmford, president of the Pharmaceutical Society.

However, he said, if patients were to be asked to visit the pharmacist rather than the surgery they must not be penalised for doing so. A visit to the doctor invariably resulted in a prescription and, for the patient, a "cheap medicine", Mr Balmford said. "Surely it is asking too much to expect the same patient, full of public spirit, to go to the nearest pharmacy and be charged the full cost of the medicines or medical supplies he may require. Surely the answer is for a pharmacist so consulted to be allowed to make out a prescription chargeable to the National Health Service".

Opening the conference, Mr Balmford said that for too long the pharmacist had languished on the touchline of



Mr J. Balmford

medical care, only partially using his costly and specialised training. Mr Balmford went on to tell Mr Ennals some of pharmacy's worries. He referred to the apparent acceptance by the Department of Health of the doubtful US report on the dangers of chloroform. He also referred to the restriction of colours available for medicines. The colours available have been tied to those permitted to foods, despite the fact that quantities of medicines taken are in no way comparable to those of food. It would be difficult to ensure the availability of a wide enough range of colours of proven suitability for medicines.

It had been planned, as far back as 1937, Mr Balmford said, that pharmacists would take the lead in providing drug information. The pharmacist today was better than ever equipped to provide drug information to everyone from the patient to practitioners and specialists in the allied professions. The president referred to the information service provided by the Pharmaceutical Society, based on probably the largest pharmaceutical library in the world. A computer terminal, linked to the British Library System BLAISE, has just been installed, he said, and he hoped that Mr Ennals, with his basic responsibility for the health and safety of every individual, would not overlook the contribution given by pharmacy in this respect.

Referring to the dispute over remuneration, Mr Balmford said it could satisfy no-one that pharmacy, a major profession in the health service, was discontented. Pharmacists, irrespective of the branch in which they worked, were united in their hope of a speedy solution. "No-one, particularly the patient, can benefit from its continuation", he said. But whatever the problems of the past year, one "salient inspiring development had emerged"—the recognition that the pharmacist was willing and capable of playing a much greater part in everyday health care.

As to the Conference itself, Mr Balmford said that it was the first to be held at Coventry. The attendance was well in excess of 900, which he said showed that Conference was not only thriving but growing from strength to strength. Overseas colleagues were present from Australia, Christmas Island, France, India, Ireland, Mauritius, New Zealand, Nigeria, Northern Ireland, Sweden, Turkey, the USA and West Germany.

NPA to launch campaign at MPs on 'bureaucracy' affecting pharmacy

The National Pharmaceutical Association is to launch a parliamentary campaign about the increasing bureaucracy to which proprietor pharmacists are being subjected. The campaign will be launched as soon after the next General Election as is appropriate because NPA feels more attention would be given to the subject by new Government officers.

At the last board of management meeting it was reported that there were now no fewer than 17 notices which had to be displayed in a pharmacy and 13 different categories of inspector with right of entry and examination. The amount of form filling and written returns was becoming oppressive and the community at large would suffer in the end, it was claimed.

Agency cosmetics: After receiving a report that a provincial cash and carry supplier had large stocks of agency cosmetics which they were prepared to supply to anyone, the General Purposes Committee asked the office to raise the matter with the companies concerned, namely Coty, Fabergé, Revlon, Shulton and Yardley.

Multiple prescriptions: Because of the number of reports about prescriptions for several members of a family on one form, NPA is to refer the matter to the Pharmaceutical Services Negotiating Committee and the Pharmaceutical General Council (Scotland). Members are also reminded that printed reminders are available to send to doctors who failed to observe the NHS regulations in this way.

Septrin forte: NPA is to raise the recent addition to the Septrin range with the manufacturer, Wellcome Foundation. Although the proliferation of tablet and capsule strengths was a general problem the board felt the time had come for pharmacists to voice their opinions centrally about a practice which seemed to have very little to commend it.

Child resistant containers: At its next meeting the Business Services Committee would consider the provision of a notice "If you would like us to supply your tablets and capsules in a child resistant container please ask." The board felt that if pharmacists were not to be required by law to dispense medicines to most patients in CRCs members must be seen to be observing their voluntary undertaking to use the containers wherever practicable.

Resale price maintenance: After discussing the latest moves among wholesalers, the board reaffirmed its belief in the importance of upholding RPM at both wholesale and retail levels. The

NPA was particularly concerned at the possibility of a breakdown in RPM on "ethical" medicines at the wholesale stage; the repercussions for NPA members would be complex and damaging—service levels would fall and patients would inevitably suffer. The board welcomed the statements made by some manufacturers of their intention to uphold RPM which the board hoped would be supported by action so the efforts of the NPA and others who spent considerable time and money in securing the retention of price maintenance on medicines would not have been wasted.

Restrictive trade practices legislation: After the deputy secretary, Mr T. Astill, had outlined to the General Purposes Committee some of the restrictions imposed by the legislation on trade associations, especially the strictures imposed in negotiating with major suppliers on members' behalf, a letter is to be sent to the Department of Prices and Consumer Protection briefly outlining the NPA's views and offering to give oral evidence.

Students and the NPA: Considering how more could be done to increase the number of pharmacy students receiving preregistration training in independent pharmacies, the Business Services Committee agreed to make available expert speakers for schools and student associations, and that an invitation to visit the NPA offices where the name of the local board member would be provided. The office is also to obtain a list of approved premises and encourage more members to take postgraduate students. From such information the feasibility of setting up a register and clearing house for postgraduates would be considered.

Oral hygiene: NPA is discussing with the General Dental Council the provision of window display centrepieces for oral hygiene products. A design has been proposed and the GDC is to consider it for approval at its next meeting. When finalised the display piece would probably be offered free to NPA members on request.

NPA has also included an oral hygiene section (£0.25) in its staff training course. A list of dental aids together with manufacturers is also being drawn up. The GDC is able to provide speakers for local meetings of pharmacists upon request.

NPA show '79: The board approved the weekend of June 16-17, 1979, to hold the NPA show at St Albans City Hall. The show would be linked with an open day of the new NPA offices and give members an opportunity of inspecting and handling business equipment.

Business aids: The Business Services

Committee approved the terms of a special offer for a cylinder-type commercial vacuum cleaner and the designs for the Christmas window display material.

By-election: In the by-election in Area 2 (north east England) caused by the illness of Mr Donald Royce, Mr L. Calvert of Leeds had been elected by 138 votes; Mr R. J. S. Hazlehurst of West Yorkshire had received 114 votes in a 44 per cent poll with one spoilt ballot paper.

Numark to hold convention

Numark is holding its first national convention on April 21-22, 1979, in Amsterdam. Numark chemists and accompanying members will join together with Numark wholesaler representatives and major suppliers to hear about the group's future development plans.

The Numark convention programme will include a look at chemist group trading developments in Australia, South Africa and the United States, and invitations are being extended to group trading pharmacists from these countries. A travel package provides for air fare, hotel and meals, and all transfers from airport to the hotel/convention centre, the five-star Amsterdam Marriott in the city centre. The social programme will include luncheon aboard water buses touring the canals and a traditional Dutch-style banquet. Members will also have the option of extending their visit to Amsterdam and participating in study tours to retail and wholesale pharmacy organisations in the area.

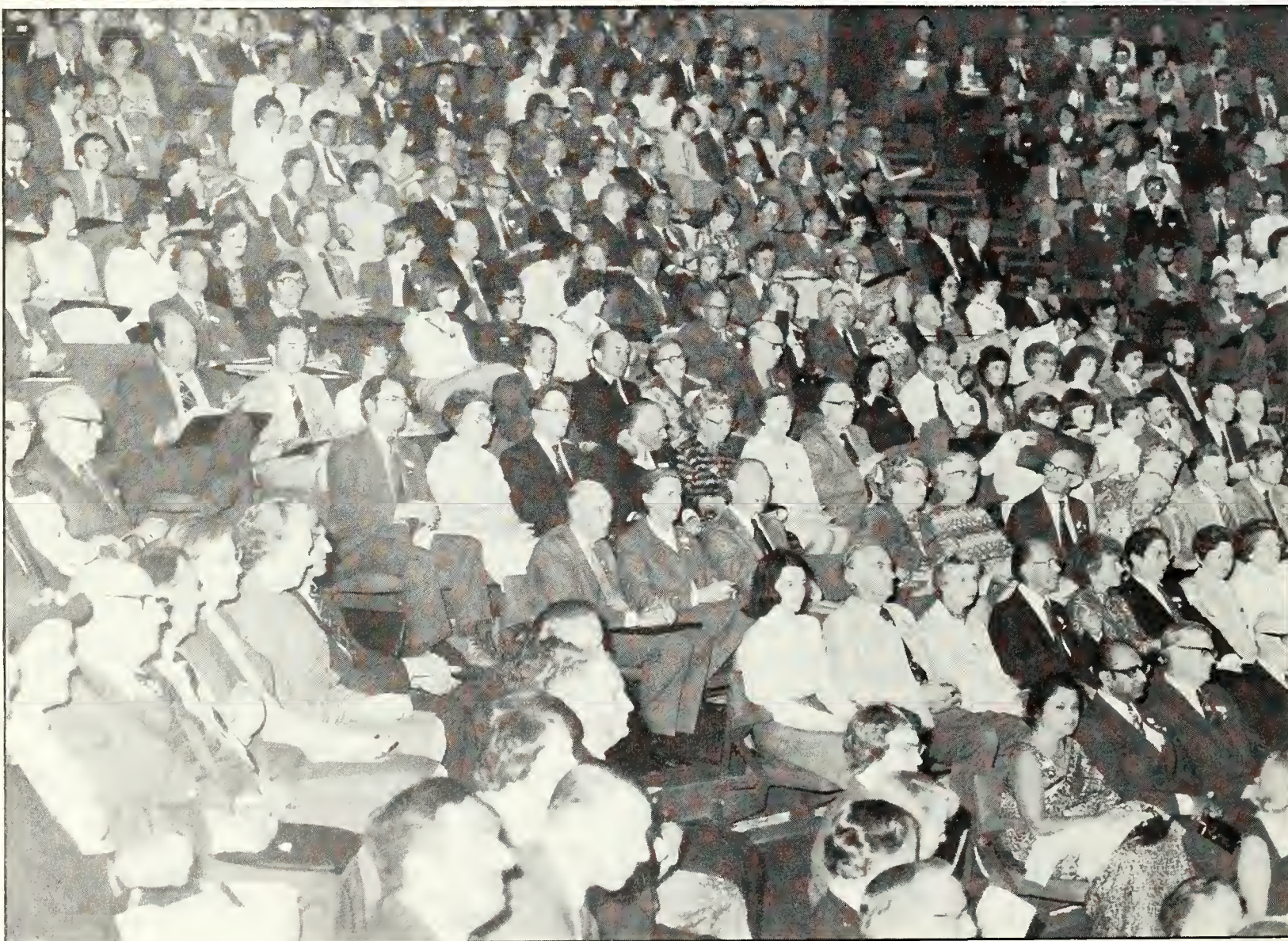
Arrangements are being made for delegates to depart from regional airports throughout the UK. Numbers are limited to about 400 people, and full details are available through Numark wholesalers.

PSGB appoints new head of publicity

The Pharmaceutical Society has appointed a successor to Miss Maureen Tomison, former head of publicity who resigned in April.

He is Mr Philip Paul, currently the director of public relations for the Royal Institution of Chartered Surveyors. He is not expected to take up the new appointment before November.

Mr Paul has previously held the posts of director of public relations for the Post Office and assistant public relations officer for the Central Electricity Generating Board. A former journalist, Mr Paul has worked on the *Daily Mail*, *Daily Express* and *News Chronicle*. He told *C&D* that his previous appointments had involved organising campaigns and lobbying MPs.





Our Camera at Coventry

Opposite page, top left: Mr M. J. Cahill registrar and secretary, Pharmaceutical Society of Ireland) Mrs Cahill, Mrs S. Lewis, Mrs E. Walsh and Mr M. F. Walsh (president, PSI). Top right: Mrs A. Caldwell (Glasgow), Mr A. Stark (Hyde), Mr Caldwell (Glasgow) Mr R. Green (Cambridge), Mrs H. Stark (Hyde). Centre left: Mr B. Jones (Basingstoke), Dr. K. Vaughan (Pontypool), Mrs Rumpf (Australia). Centre right: Miss S. Bennett (London), Miss P. Stone (East Metropolitan), Mrs D. Clark (Portsmouth). The lower picture shows a section of the opening session audience on Monday morning. Above: Platform party for the opening

session with (l to r): Mrs Dora Greenway (secretary, local conference committee), Mr D. F. Lewis (secretary and registrar, Pharmaceutical Society of Great Britain), Mr David Sharpe (vice-president, Pharmaceutical Society), Councillor Arthur Taylor (deputy lord mayor elect), Mr David Ennals (Secretary for Social Services), Dr W. Gwynne Thomas (chairman, Science Committee), Mr J. C. Bloomfield (member of Council) and Mr G. F. Paisley (local committee chairman). Below left: Mr A. G. Mervyn Madge (a member of Council) greets Professor D. A. Norton (Bath School of Pharmacy). Lower picture: A moment of relaxation before the opening session



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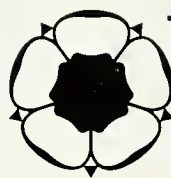
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Below: Professor Barry, Mr B. J. Meakin (Bath), Dr D. Ganderton (Macclesfield), Mr W. Lund (Edinburgh), Dr S. Tonge (Liverpool)



Dr G. Vaughan (Australia), Mrs and Mr Berry (president, Pharmaceutical Society of New Zealand), Mrs and Mr G. J. Collins (Christmas Island)

Dr M. E. Williams (Ealing), Mr T. H. Furber (Manchester), Mr R. H. Leach (Birmingham), Miss R. A. Smith (Chislehurst)



Mrs Rowley, Mrs C. M. Cooper, Mrs Maude, Mr P. Cooper and Mrs E. Marriott, all from Coventry



Dr M. Dawson (chairman, Scottish Executive), Mr J. F. Pickard (Sunderland), Mrs A. Caldwell (Glasgow), Dr J. Chilton (resident secretary in Scotland) and Mrs Chilton, Mrs B. C. Montgomery

Mrs P. Duncan (Dundee), Mr G. B. Kirkwood (Fife), Mr R. C. Mills (Rickmansworth), Professor M. Brown (Aston) and Mrs J. Turnbull (Macclesfield)



Mr G. Forrester, Mr M. Ray-Johnson, Mr S. Gilroy, Mr C. Hughes and Mr R. Woolfenden, all from Squibb, Moreton



Above: Mr J. Merrialls (Nottingham), Dr J. E. Hogan (Orpington) and Mrs P. Merrills



Wholesaler discounts: a three-tier future?

Pharmaceutical wholesalers will evolve into three distinct types if current trends away from fragmentation of buying power and erosion of resale price maintenance on "ethicals" continue, Mr A. Trotman, a director of NPU Holdings forecast at a joint meeting of North Midlands branches of the National Pharmaceutical Association last week.

Expanding on points in his article in C&D's wholesaling feature last week, he suggested that any business with a turnover of less than £90,000 would only be able to afford two wholesalers. The first of these would offer comprehensive service and demand "loyalty trading"—already one major group was said to be asking for 70 per cent of some chemists' purchases. Economics would prevent che-

mists being able to keep accounts open with many wholesalers, and wholesalers would judge chemists on the basis of CAP—customer account profitability.

The second form of wholesaler to emerge would be "short line"; they would sell on price and cream off the "ethicals" sales from the big businesses of £100,000 and over. Finally there would be a high-frequency wholesale service which chemists would use as emergency back-up—and pay for the privilege. This said Mr Trotman was the pattern in countries where RPM did not exist.

Mr Trotman compared his view of the future without voluntary RPM with the situation obtaining in other retail sectors. Competition in distribution would force lower prices and margins and promote

economies and efficiency, but in practical terms that meant attention to the value of the drop on how quickly the wholesaler could recover his money—most food wholesale groups had a direct debit system and anything similar in pharmacy would hit the chemist.

Wholesalers had had a bonanza as reductions in direct selling by manufacturers allowed them to increase sales at the same time as their customers'—chemists'—business was declining. In that situation they had not realised the importance of the independent to their own future—locally, Branded Goods had in fact been ahead of the game in supplying the type of service the independent required. Now it would be the survival of the fittest among wholesalers and many would go to Carey Street.

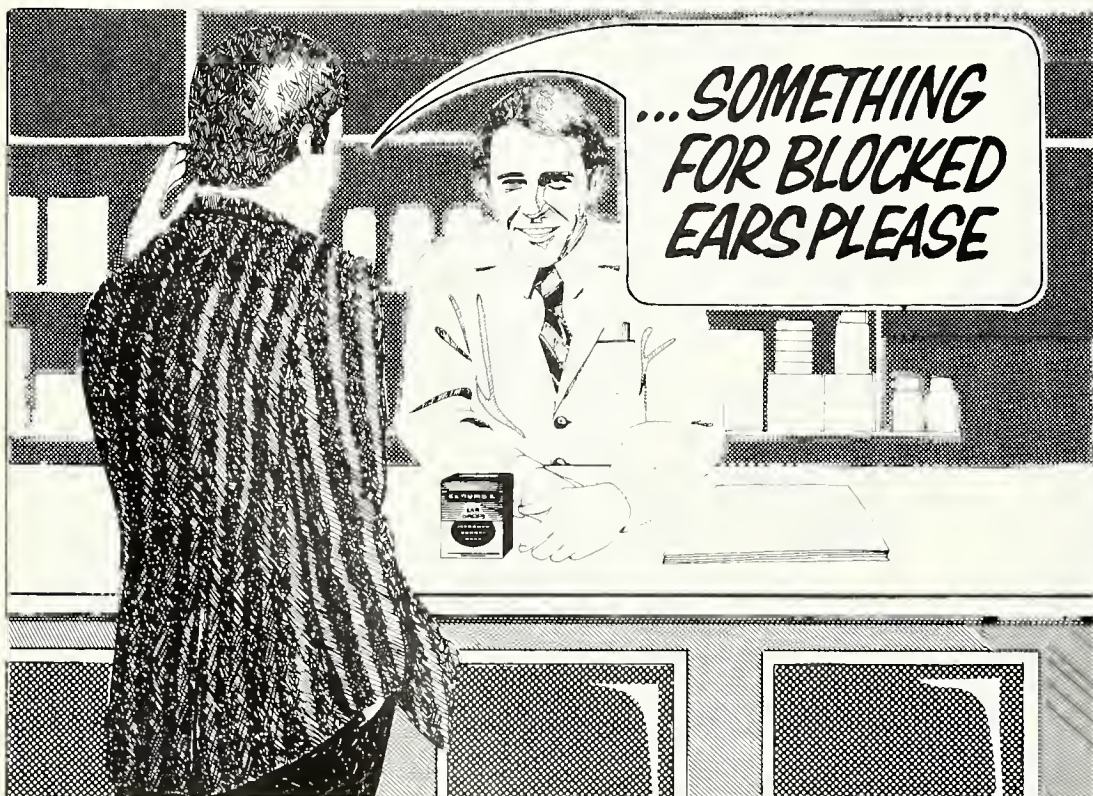
But despite his warning Mr Trotman admitted that "selling the long term is the most difficult thing on earth", yet it was what NPA had been trying to do through Numark. Few wholesalers had followed the lead five years ago when NPU set up "loyalty" group trading, but the system had worked and the group was now getting the business—"today's decisions affect you in five years time," Mr Trotman insisted.

PSNC's attitude

Mr Don Ross, a member of the Pharmaceutical Services Negotiating Committee, warned that chemist contractors could not expect to "get away" with the discounts now being offered on "ethicals" by wholesalers and there was a danger that service levels could fall to the point at which the government must take action. He believed that PSNC would have to state its position on discounts once the situation had clarified, but he deplored abolition of RPM because he believed it had maintained service standards. Mr Ross also hinted that questions such as the change in the credit period offered by wholesalers would have a profound effect on the NHS contract.

Mr Marshall Gellman claimed that in the past wholesalers had mainly "given" and retailers "taken". Now independent retailers would have to show allegiance and decide whether to move ahead or wait on the fence to be picked off one by one "leaving it all to the big boys". During the discussion that followed (the meeting attracted about 50 NPA members) Mr Gellman said that in America he had seen pharmacies with notices such as "ask our pharmacist to quote the best price for your prescriptions and medicines".

Asked whether chemists would therefore have to choose the wholesaler they expected to be most efficient, Mr Trotman replied "yes", but it must also be asked whether in the long term the wholesaler would give the chemist the right sort of service and allow him some say. In food distribution there had been 18 groups 10 years ago; now there were only four and all were owned by big public companies. VG and Spar were now joined despite the many years their members had spent building up images.



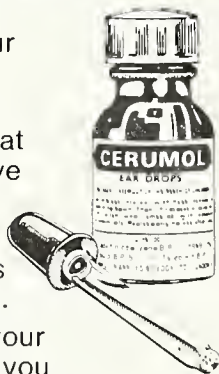
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Fees for oxygen increased

The Department of Health has agreed to the Pharmaceutical Services Negotiating Committee's claim for an increase in professional fees for the supply of oxygen sets and cylinders. The new scale shows increases of up to 10% and will be paid on prescriptions dispensed on and after September 1.

Register losses of 31 in August

A net total of 31 pharmacies closed down in August. In England 50 pharmacies closed down and 22 opened up of which six and three respectively were in London. In Scotland four closed down and three opened up and in Wales three closed down and one opened up.

Tariff tablets

As the following tablets are no longer available only as proprietary preparations, they are to be transferred from Part VD of the Drug Tariff to Part VA, with effect from December 1, 1978: Bendrofluazide 2.5mg and 5mg; chlorpropamide 100mg and 250mg; diazepam 2mg and 5mg; frusemide 40mg; methyl-dopa 250mg and nitrazepam 5mg. The Pharmaceutical Services Negotiating Committee September *NHS Newsletter* says that the Department of Health has agreed that contractors will be given at least two months clear notice of any changes in the basis of pricing under Clause 4 (2) (a) (i).

Dilution of Epilim

The National Pharmaceutical Association has received a number of reports of a colour change from red to yellow on dilution of Epilim syrup.

The latest *NPA Supplement* explains that this reaction only occurs when using syrup BP preserved with sulphur dioxide or sodium metabisulphite, because of a bleaching action on the dye. Members are advised that syrup BP currently supplied by Unichem is preserved with sulphur dioxide, which is not declared on the label.

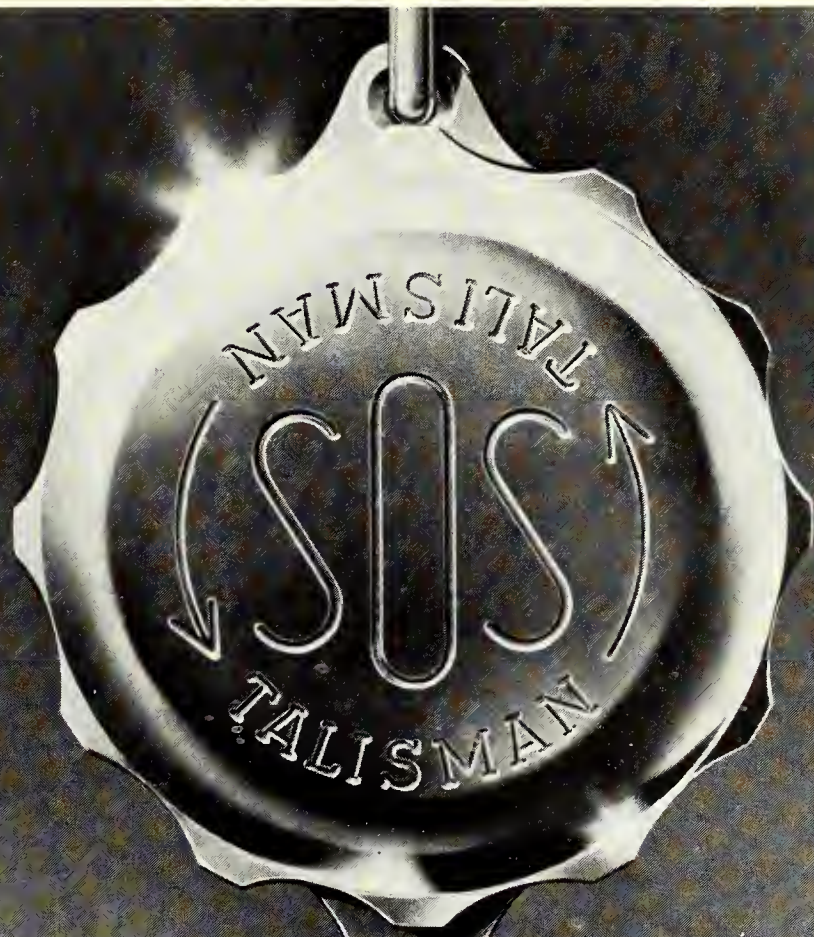
A bit of history!

We regret that in our report of a Central Arbitration Committee decision relating to Boots factory employees (*C&D*, September 2, p348) it was not made clear that the pay award itself had previously been made public in January. The report relates the background to the award, as given in a CAC document published recently by HM Stationery Office. As stated, the new rates took effect from July 1977—14 months ago.

Miles each way	0-3 p	over 3-5 p	over 5-10 p	over 10 p
(a) Delivery of set and cylinders or of replacement set				
(i) all non-urgent	426	616	695	962
(ii) between closing time and 11 pm other than Sundays and public holidays, endorsed "Urgent"	576	766	845	1111
(iii) between 11 pm and opening times other than Sundays and public holidays and throughout Sundays and public holidays endorsed "Urgent", or where not endorsed "Urgent" but dispensed on day on which written between 11 pm and 8 am or between 11 pm and 9 am on Sundays and public holidays, endorsed by chemist and signed by patient or representative	726	916	995	1262
(b) Delivery of cylinders (not with set)				
(i) all non-urgent	386	578	657	924
(ii) between closing time and 11 pm other than Sundays and public holidays, endorsed "Urgent"	536	728	807	1074
(iii) between 11 pm and opening times other than Sundays and public holidays and throughout Sundays and public holidays endorsed "Urgent" or where not endorsed "Urgent", dispensed on day on which written, between 11 pm and 8 am or between 11 pm and 9 am on Sundays and public holidays, endorsed by chemist and signed by patient or representative	686	878	957	1224
(c) Collection of sets and cylinders or second journey	386	578	657	924
Fee per form				
	resident p	not resident p		
(d) Collection at pharmacy by patient				
(i) all non-urgent				
set and cylinders	201		201	
cylinders (not with set)	181		181	
masks (not with set)	3		3	
(ii) endorsed "Urgent" and where applicable endorsed by chemist				
(a) between closing time and 11 pm other than Sundays and public holidays				
sets and cylinders	301		401	
cylinders (not with set)	281		381	
masks (not with set)	103		203	
(b) between 11 pm and opening time other than Sundays and public holidays and throughout Sundays and public holidays				
sets and cylinders	426		601	
cylinders (not with set)	406		581	
masks (not with set)	228		403	
(iii) not endorsed "Urgent" but dispensed on day on which written, between 11 pm and 8 am or between 11 pm and 9 am on Sundays and public holidays and endorsed where applicable by chemist and signed by patient or representative				
set and cylinders	426		601	
cylinders (not with set)	406		581	
masks (not with set)	228		403	



James Morris, MPS (centre) whose pharmacy is at Lochgelly, Fife, Scotland, has won a T-registration Mini 850 in Unichem's national "Baby Bonanza" promotion. The promotion was built around a group of over twenty baby care products and Unichem reported a significant increase in the baby care products business as a result. In the photograph, Mr Morris is being congratulated by Mr David Mair, MPS, a non-executive director of Unichem, who made the presentation, in conjunction with Mr Geoff Bass (right) regional manager, Scotland. Mrs Morris looks on approvingly



What's behind the SOS Talisman?

10 million wearers worldwide

The confidence of 10,000,000 wearers in over 30 countries throughout the world. From USA to Australia... the Caribbean to Europe... there's the confidence that SOS Talisman is the sensible gift for sensible people.

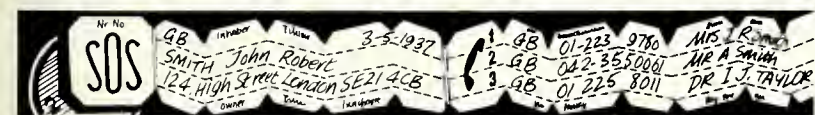


Massive Press Promotion...

to boost your sales – and your profits. An intensive press campaign will be appearing over a two month pre-Christmas build up period covering the massive readership in Radio Times, Woman, Woman's Realm, Women's Weekly, Good Life, Woman & Home, My Weekly and People's Friend.



Who recommends and wears SOS Talisman? St. John Ambulance, St. Andrew's Ambulance Association, British Sub Aqua Club and Association, Fire, Police and Ambulance personnel, ICI Tanker Drivers, The British Commonwealth Games Team... and even a First Division Football Club.



What is SOS Talisman?

It's the attractive range of jewellery for men, women and children – with the hidden extra. The unique information strip. It lists vital personal information so necessary in an emergency – when perhaps the wearer can't speak for himself. Name. Address. Blood Group. Allergies. Necessary Medicines etc. And there's also such a wide range of models available that there's one to suit every taste and fashion. Pendants, Bracelets and Watch Strap Attachments. Most models are offered in a choice of gold plate or sterling silver.

Many, too, are distinctively embossed on the back with popular symbols such as St. Christopher or the Signs of the Zodiac – and many more.

*National Distribution Network

Distribution of the SOS Talisman now covers the whole of the U.K. and Southern Ireland... speedily and efficiently, with supporting sales aids for you such as catalogues, posters and counter displays.

Why don't you get behind SOS Talisman

We're backing you! Just contact your local distributor – and find out how to boost your profits – fast!



SOS Talisman

Jewellery that says a lot about the wearer

* DISTRIBUTORS

N. IRELAND and ISLE OF MAN

Finland Distributing Company
18 Donegall St, Belfast BT1 2GP
Tel: Belfast 56346 or 27200

S. IRELAND

Irish Pharmaceuticals Ltd
Mount Brown
Dublin 8
Tel: Dublin 771784/5/6

NORTHERN ENGLAND

Endevera Limited
30 Thirlmere Road
Flixton
Manchester, M31
Tel: 061 747 8793

SCOTLAND

S. Norris & Co (Glasgow) Ltd
187 St. Vincent Street
Glasgow G2 5PS
Tel: 041 221 2912

WALES AND WEST COUNTRY

H. Freedman (Cardiff) Ltd
6 Guildford Crescent
Cardiff CF1 4UR
Tel: 0222 23355

ALL OTHER AREAS

SOS Talisman Co. Limited
212-220 Regents Park Road
London N3 3HP
Tel: 01-346 7234

COMING SOON-UNICHEM'S LATEST FEATURE

THE CARRY ON SAVING COMPETITION

THERE'S £1500 FOR UNICHEM MEMBERS TO WIN TOO — ON TOP OF THE EXTRA PROFITS

WITH £5000 IN CONSUMER PRIZES — PLUS IRRESISTIBLE PRICE SAVINGS

IT'S UNICHEM'S 4TH SMASH-HIT PROMOTION IN A ROW!

AND WITH OUR TEAM IN IT AS WELL — WHAT A WONDERFUL CARRY ON!



SO IF YOU'RE NOT A UNICHEM MEMBER ALREADY, CONTACT JOHN SPELLER AT THE ADDRESS BELOW

For our fourth big promotion we've signed up four famous Carry On stars—to add even greater excitement to the chance of winning big-money prizes!

Once again, we're offering your customers deep-cut prices on top-selling products.

Once again, we're offering you big-budget advertising including full-colour pages in the Daily Press and Women's Magazines, nation-wide radio spots starring Kenneth Williams,

hundreds of posters in busy shopping centres across the country, and campaign-linked material for in-store display.

So...once again, UniChem offer Britain's independent pharmacists a unique selling opportunity.

It's up to you to make the most of it.

UniChem Limited, Crown House, Morden, Surrey SM4 5EF. 01-542 8522

THE POINTER TO VALUE

UNICHEM. WITH US YOU'RE INDEPENDENT, BUT NEVER ALONE.



Mr N. D. H. Shipley, MPS, will be retiring as home sales director of Ayrton, Saunders & Co Ltd on September 30. He joined the company in 1947 and has been a director since 1958.

Mr T. G. F. C. Wallis, MPS, recently celebrated his diamond wedding anniversary. Mr Wallis is a past chairman and "elder statesman" of the Plymouth branch of the Pharmaceutical Society. He qualified in 1914.

Deaths

McMurray: Mr Samuel McMurray, MPS NI, on July 20. Mr McMurray, who qualified in 1942, was the owner of Johnston's Pharmacy Ltd, 26 Killylaagh Street, Crossgar, Co. Down.

Moves to prevent birth defects

Earlier and more regular attendance at antenatal clinics could help to reduce the numbers of impaired children born in Britain each year. An Office of Health Economics report, "Birth impairments" published recently, suggests that possibly one woman in five is not seen at such clinics until she has been pregnant for 20 weeks.

The report emphasises that these consultations can be highly significant for the development of the unborn child—deficiencies in maternal health and diet can be corrected and advice may be given on the avoidance of unnecessary hazards, particularly smoking. Britain now sees ways of ensuring clinic booking prior to the sixteenth week of pregnancy as a major research priority.

Between 3 and 4 per cent of all pregnancies going to term are affected by one or more of the commonly occurring defects. In England and Wales in 1976 there were almost 700 notifications of live births with spina bifida. The condition accounts for 20 per cent of severe childhood handicaps. The OHE report discusses the development of a blood test for identifying those mothers potentially at risk of giving birth to a spina bifida baby. Available evidence suggests that it is highly effective and could facilitate the detection of almost 80 per cent of affected fetuses. The test has also been shown to be economically viable. Pressure is consequently mounting for its introduction into routine antenatal care.

"Birth impairments". (£0.35). Office of Health Economics, 162 Regent Street, London W1.

California trip

An 11-day trip to California has been organised by the National Pharmaceutical Association, with five days in Los Angeles and five days in San Francisco. Leaving

by Xrayser

Signs of breakdown

We have been offered a number of courses recently, including training sessions for the supply of appliances. I have decided not to indulge. There are times when I feel that public and pharmacy have too great expectations of the NHS. For my part I assumed as a basic premise that I would supply what was ordered immediately from stock or, if that was not possible, I would phone around to get a delivery within two to three hours, and apologise, into the bargain, for the delay. For those who found it hard to call again I would deliver an item if it were important. But in certain fields, particularly with appliances, this approach is no longer supportable.

So good has been pharmacy's past service that the public now seem to expect, as of right, to walk into our shops and get, instantly, the items on their prescriptions. Many are free with their criticism if they have to wait ten minutes, let alone two to three hours. But when it comes to two to three days, or even weeks, their anger is natural and their distress genuine. Yet this is what I have not infrequently faced with the supply of colostomy items that six wholesalers don't have and the maker can't (or won't) supply in the small quantities ordered. You realise, of course, that unlike drugs, we cannot endorse a script for, say "15 bags—ex 30" (manufacturer's minimum pack), all claimed for payment. You won't get paid if you do and at current prices you will be horribly out of pocket. We try to get alternatives, but I for one am heartily sick of it. If we call eight pence per script a negotiated fee, for all this hassle, then somewhere along the line the DHSS had an absolute pushover.

May I urge that one of the LPC's put up a resolution to the PSNC conference, suggesting that the PSNC withdraw the supply of appliances from our contract until a decent fee of at least £1.00 is paid, with full payment for minimum stock deliveries—in the meantime they might instruct us to collect such a fee to go towards this costly and time-consuming service.

As a further logical step, we—that is the Society and the PSNC—must get across to the public the true reasons for the breakdown in service, perhaps with leaflets to be given to patients or, more cheaply, with a poster to be put up by the dispensary, so that without shrugging off our responsibilities, we may point a finger in the right (or left?) direction.

Multiple supplies

I viewed with real satisfaction the note we received with the pink newsletter from the NPA making clear exactly how we are being paid for the multiple supplies inherent with some antibiotic mixtures. I am grateful for the effort put in by the NPA to make it simple. However, it is now clear that if a doctor orders a 30-day supply of a medicine which, because of our potty dilution requirements, will only have a ten-day life, we must only supply ten days' treatment—unless we are willing to give our dispensing services free of charge for the two subsequent supplies. I am not willing, and so refer such patients back to the doctor. Daft I call it, but there it is, awaiting the common sense recognition that as professionals we have a right to be paid for the exercise of our skills and knowledge.

Heathrow on March 5 1979, the holiday costs £419 which includes the air fare, accommodation at Holiday Inns in both cities and tours round Hollywood, Beverly Hills, Disneyland and a sightseeing drive round San Francisco.

Reservations (with a £50 deposit per person) should be sent to Travellers International (UK) Ltd, 93 Newman Street, London W1 (01-580 3148).

News in brief

□ An information folder containing details of Harwell research and development work in metals and chemical technology has been published. The folder is available free from PR group, Building 329, Harwell, Oxfordshire OX11 0RA.

COUNTERPOINTS

Crisan range of shampoos new from Wella

Wella have developed a new range of treatment shampoos called Crisan. The company says that these shampoos, which "incorporate all the latest scientific knowledge of the scalp, hair structure and hair conditions", are designed to answer the problems caused by living in today's environment with pollution, central heating and chemical treatments.

There are four variants available in the Crisan range—one for dandruff in a blue bottle, one for greasy hair in a green bottle, one for dry hair in an orange bottle and one for normal hair in a white bottle. The bottles contain 200ml (£1.85) and are available in shrink wrapped units of six (£7.20). *Wella (GB) Ltd, Wella Road, Basingstoke, Hants RG22 4AF.*

An invitation from Vichy to chemists

Vichy are planning a promotion for Equalia this autumn. The company believes that this will be the first promotion of its kind exclusive to pharmacies. The theme is "an invitation from Vichy" and is based on special Equalia packs mounted on invitation style cards. The invitation is for the consumer to have a complimentary Vichy cleansing set worth £1 with each special pack purchased. The cleansing set is a presentation of two 40ml Vichy bottles—one of cleansing milk, the other tonic lotion (about 2 weeks' usage) together with a booklet on skin care. These sets are available for the three main skin types.

There is also an invitation for the consumer to enter a competition with five first prizes of a week's holiday in France as a guest of Vichy. Vichy are also running competitions for their stockists and for sales assistants with prizes of trips to France, all expenses paid shopping sprees in London and bottles of Champagne. The promotion will begin towards the end of the month and there will be a full range of merchandising materials available including merchandisers containing 24 Equalia promotion packs. *Vichy (UK) Ltd, 1 Hay Hill, London W1X 7LF.*

Softex moves into the midlands

Softex toilet paper, launched by Bowater-Scott into the London and south east area in January is now being taken into the midlands. Paul Wight, Softex brand manager, explains that the midlands area has been selected; "because this is a natural extension. Our production capa-



city has been built up sufficiently to meet the needs of both regions". The company says that consumer reaction to the brand has been positive.

The television campaign will break in the midlands region on October 23. There will also be a "special low price" offer as an on-pack trial incentive so that the products shelf price should be between £0.22 and £0.24. Point of sale material will also be available. *Bowater-Scott Corporation Ltd, Bowater House, 68 Knightsbridge, London SW1X 7LR.*

Optrex market Bidex

Optrex Ltd have acquired the UK marketing rights for the Swiss, Bidex range of products. The company are planning to launch a new line extension in January next year which they say will be supported by a national advertising campaign.

Bidex was originally developed as an "ethical" treatment for postnatal vaginal infection and because it was based on chlorhexidine it was less affected than other brands by the hexachlorophene scare in the early 70's. Only two or three brands now remain in this market and the company says that these have had to come into line with the Bidex formulation. It is also said that since 1976 the market for these products has shown renewed growth even without advertising, and that the chief problem now seems to be that of building distribution and restoring trade confidence and support. Optrex believe that the market value for feminine deodorants in the UK now stands at approximately £1.3 million at r.s.p. *Optrex Ltd, City Wall House, Basing View, Basingstoke, Hants.*

Scotties sample Pure and Simple

Bowater-Scott's product Scotties woodland flowers will be giving away a free sample of Beecham skin-care products this autumn. Tucked inside the tear-out opening of each box of woodland flowers will be a double-sachet of Pure and Simple creme and lotion. The offer will be available during September and October. *Bowater-Scott Corporation Ltd, 68 Knightsbridge, London SW1X 7LR.*

Milk chart

In an effort to help chemists to avoid confusion on the baby-care counter, Farley Health Products have produced a question and answer chart. The chart will assist staff to advise mothers on which infant milk of the nine currently available is the right one for their baby. *Farley Health Products Ltd, Torr Lane, Plymouth, Devon.*

Wella Blo-Dry lotion for 'Honey' readers

With each copy of the October issue of *Honey* magazine carrying a special 20ml bottle of Blo-dry lotion, Wella are giving some 260,000 readers an opportunity to use a blow dry lotion on their own hair. At the same time the beauty editor of *Honey*, Tina Bowles, has written an instructional feature on the secrets of successful blow drying and illustrated it with a selection of styles from some of London's leading hairdressers. IPC magazines are promoting the October issue strongly with 15 second commercials on the national television network and by taking 45 second spots on Capital Radio.

Wella say that this particular offer to *Honey* readers is part of a total promotional and advertising campaign that they are conducting to make the consumer more aware of the benefits of using a blow dry lotion to protect their hair. *Wella (G.B.) Ltd, Wella Road, Basingstoke, Hants.*

Aveeno pack change

Aveeno Colloidal sachets have been changed from 60g to 50g (£0.36) to enable higher standards of weight accuracy during production, the manufacturers say. *Knox Laboratories Ltd, The Firs, Whitchurch, Aylesbury, Bucks.*

Bonus offers

Armour Pharmaceutical Co Ltd are making AAA mouth and throat spray available as 10 for 8 from September 25 to October 27. *Armour Pharmaceutical Co Ltd, Hampden Park, Eastbourne, Sussex BN22 9AG.*

Natural Balance consumer offer



A special offer of a set of three floral scented candles is currently available to consumers when they purchase Clairol Natural Balance conditioners, 90ml or 180ml bottles. The candles come in heart-shaped tins with floral decorations, which can be used as trinket-boxes when the candle has been used. There are two sets of fragrances available: carnation, jasmine, poppy; and honeysuckle, rose, geranium. The set is available for £1 plus 15p postage and packing, with a cap from any size bottle of Natural Balance conditioner, saving about £1 on normal retail prices.

Coupons promoting the offer will be featured on the new Natural Balance advertisements in the following magazines from October through to December: *Cosmopolitan*, *Jackie*, *Miss London*, *Woman's World* and *Loving*. Display material and application leaflets have been produced for the offer, which is open until January 31, 1979. *Bristol-Myers Co Ltd*, Stamford House, Station Road, Langley, Slough, Berks SL3 6EB.

Spirotechnic two-way boost for Christmas

The strength of two different media—national Press and posters—will be behind the Ronson Spirotechnic shaver this Christmas. Ronson are mounting a £100,000 new national Press campaign. Full-colour, whole page advertisements will appear in the *Daily Express*, *Daily Mail*, *Sunday Times* magazine, *Telegraph* *Sunday* magazine, *Observer* colour magazine, *TV Times* and *Punch*. The message—"Six heads are better than one"—highlights the shaver's spiral cutter which can be set in six different positions to give six fresh cutting edges. The campaign will run from October 20 to

December 10 for pre-Christmas sales.

Giant 48-sheet posters with the slogan "turns your face into a baby's bottom" will appear on 900 countrywide sites throughout November. *Ronson Products Ltd*, Randalls Road, Leatherhead, Surrey.

Bellair medicated

Bellair Cosmetics are introducing a medicated shampoo to their 500cc range at present comprising shampoos for dry, normal and greasy hair. The product (£0.49) goes on sale this month. *Bellair Cosmetics Ltd*, Winsford, Cheshire.

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Anadin: All except U, E

Andrex: All except Ln, U, E

Beautiful Body shampoo: All areas

Bran-slim: Lc, Y, NE

Brobat Bloo: All areas

Clearasil cream: All except E

Farley's rusks: All except U, E, CI

Head & Shoulders: Ln, M, So, A, U

Oil of Ulay: All except E, CI

Ribena: All areas

Topex: All areas

Vosene: All areas

OLBAS OIL

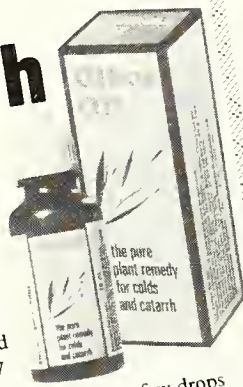
PURE PLANT REMEDY

A test market success

A natural launch

A natural opportunity for profit

natural
Olbas Oil
fights colds
and
catarrh



Olbas Oils blend of pure plant oils cuts through catarrh and fights colds quickly and pleasantly.

Olbas Oil is so easy to use—put a few drops on a handkerchief and the vapours bring speedy day-long relief from nasal congestion. Even stubborn catarrh gives way fast. From chemists and health stores everywhere.

Olbas Oil the pure plant remedy

Olbas Oil is a blend of pure plant oils formulated to combat stubborn catarrh by inhalation of the vapour.

Last year we launched it in Scotland and the North East and chemists there will tell you of its remarkable success.

NOW OLBAS OIL IS GOING NATIONAL!

This no nonsense ad. will be appearing throughout this winter cold season in the eight prime national newspapers.

Full details from your Ernest Jackson representative.

OLBAS OIL
pure plant remedy.

Manufactured by G. R. Lane Health Products Ltd., Gloucester.

COUNTERPOINTS

Kodak Ektachrome 400 for 'action' slides

Kodak are announcing the introduction of Ektachrome 400 colour transparency film (process E-6) at Photokina this week; it will be available in the UK from next month. Ektachrome 400 (ASA 400) is balanced for daylight and offers twice the speed of the existing Ektachrome 200 film; it may also be "push-processed" to a speed of ASA 800. Among the opportunities opened up to the slide photographer by this high speed are dimly-lighted subjects including home interiors, night sports events, lighted building exteriors at night and stage photography; action subjects requiring correspondingly high camera shutter speeds including sports, motor racing and active children; plus a greater usable range in flash photography.

Ektachrome 400 has slightly greater grain than the 200, but sharpness is comparable. It will be available in both 20- and 36-exposure, 135-size cassettes and 120-size rolls (prices to be announced). *Kodak Ltd, Station Road, Hemel Hempstead, Herts.*

Hear of EAR plugs

EAR plugs from Pharmagen Ltd are being backed this autumn with consumer advertising in *Woman's Weekly*, *Woman & Home*, *Woman's Realm*, *Woman's Own* and *Woman*. Consumers replying to the advertising will receive an information folder free. Below the line backing comes in the form of point of sale material. A showcard and dispenser are available which can be used separately or together. *Pharmagen Ltd, Chapel Street, Runcorn, Cheshire.*

Schick free blades

Halls-Hudnut are offering free razor blades on their Schick blade packs. Schick standard injectors 5s (£0.52) will carry 2 free blades, and the twin injector 5s pack (£0.73)—3 free blades, with the card on each pack flashed "Plus 2 free blades" and "Plus 3 free blades", respectively.

The free blades on the injector 5s are incorporated in the existing cartridge, and those with the twin injector 5s packed into a separate cartridge blistered on to the card. *Halls-Hudnut, Woodside Avenue, Eastleigh, Hants SO5 4QD.*

Paterson previews

Paterson have been showing new products at the Photokina exhibition, for market launch later in the year. A battery driven motor unit has been designed to fit on to the end of either the 810 or 1216 Thermo-Drum colour print pro-

cessor to give consistent agitation. Another product is the test strip printer, for colour and black-and-white. Five are produced on a 12.7 × 10.2cm test. All the shutters are raised by lifting the tab and then closed individually at pre-set intervals. Non-slip rubber feet anchor the printer to prevent blurred, irregular test strips.

Also new are Kemitainers for storing photographic solutions. To avoid splattering while pouring, a tube has been incorporated that prevents a vacuum forming within the container. The positioning of the spout on the shoulder of the Kemitainer allows "cut-off" at the end of each pour. Following the introduction of the 2 litre mixing jug Paterson have extended the range to include a one litre (35fl oz) jug. *Paterson Products Ltd, 2 Boswell Court, London WC1N 3PS.*

PRESCRIPTION SPECIALITIES

Cheaper Tagamet

Prices of Tagamet tablets have been reduced by an overall 7½ per cent. The prices of syrup and injection, however, remain unchanged. The new rates £13.22 trade for 100 and £64.75 for 500 tablets, represent a 23 per cent reduction since the products' introducing in November, 1976, say Smith, Kline & French Laboratories Ltd; the company claims to have absorbed the increased production costs from inflation. *Smith, Kline & French Laboratories, Welwyn Garden City, Herts.*

Metosyn transfer

Metosyn topical corticosteroid is to be transferred from ICI to Stuart Pharmaceuticals Ltd and renamed Metosyn FAPG cream. Until the product is presented in Stuart packs, the original ICI packs should continue to be used. From September 18 all inquiries should be directed to the appropriate department at *Stuart Pharmaceuticals Ltd, Carr House, Cheadle, Cheshire.*

Debrisan sachets

A new smaller pack of Debrisan is now available in addition to the 60g castor. The sachet (boxes of seven, £9.75 trade) contains sufficient drug to dress a moderately-sized wound. *Pharmacia (Great Britain) Ltd, Prince Regent Road, Hounslow, Middlesex TW3 1NE.*

GYNO-PEVARYL 150 pessaries

Manufacturer Ortho Pharmaceutical Ltd, Saunderton, High Wycombe, Bucks.

Description White egg-shaped pessaries containing 150mg econazole nitrate

Indications Vaginitis due to *Candida albicans* and other yeasts

Administration One inserted high into vagina each evening for three consecutive days

Precautions Hypersensitivity never recorded but if it occurs administration should be discontinued. Effective in candidiasis of pregnancy but caution during first trimester. Anogenital hygiene important to prevent reinfection

Storage Cool place

Packs 3 (£3.60 trade)

Supply restrictions Anticipated POM

Issued September 1978

ACNEGEL and ACNEGEL FORTE

Manufacturer Warrick Pharmaceuticals Ltd, PO Box 40, Ellesfield Avenue, Southern Industrial Estate, Bracknell, Berks.

Description Acnegel contains 5 per cent benzoyl peroxide and Acnegel forte 10 per cent benzoyl peroxide, both in a gel base

Indications Treatment of acne

Contraindications Not to be used by patients with known sensitivity to benzoyl peroxide

Method of use Treatment usually starts with Acnegel, applied once daily to affected areas after washing. Acnegel forte may be needed by some patients

Precautions To be kept away from contact with mouth, eyes and other mucous membranes. Product may bleach dyed clothing and fabrics

Side effects Mild burning sensation on first application and moderate reddening and peeling of skin within a few days

Packs 50g tubes (Acnegel £1.15; Acnegel forte £1.48, trade)

Supply restrictions Pharmacy only

Issued September 18, 1978

Prednesol in strips

Prednesol tablets are now being supplied by Glaxo Laboratories Ltd in strip foil packaging. They are still packed in 100s (£3.71 trade). *Glaxo Laboratories Ltd, Greenford, Middlesex.*

5ml Imferon D

Imferon D 5×5ml has been discontinued and all outstanding orders have been cancelled. *Fisons Ltd Pharmaceutical Division, 12 Derby Road, Loughborough, Leics LE11 0BB.*

How to build a reputation by word of mouth.

Giving customers advice on minor health problems can take a lot of time.

But, if you recommend reliable treatments like Bonjela, you'll be rewarded with a reliable reputation.

Bonjela is the best answer for mouth ulcers, denture discomfort—and babies' teething. Clinical trials have shown that in 75% of cases, it stops pain inside 3 minutes (1) and is effective for up to 3 hours. That's because it contains Choline Salicylate, a soluble, non-irritant analgesic.

So recommend Bonjela.

Our prominent display unit works as a recommendation too—and figures show that it can expand your sales significantly.

Bonjela. A kindness is always remembered.

bonjela
The
3-minute
smile



Reference: 1. Wieg., MH (1965). Journal New Jersey Dental Society 37,169. Further information is available from Lloyds Pharmaceuticals Ltd., Reckitt & Colman Pharmaceutical Division, Hull.

Preparations containing aspirin should not be given to babies during treatment with Bonjela.

Product Licence No. 0107/5002.

Dunhill launch Classic Blend for men

Alfred Dunhill Ltd are launching a new Classic Blend of men's toiletries. The range is based on the formula which first appeared in the 1930s but now incorporates citrus notes moving through to a wood and musk phase to a final amber scent. Classic Blend will be available for sale from October 1, but will be confined to the London area until the New Year. Dunhill are supporting the launch with full page colour advertisements in the *Sunday Telegraph* supplement and *Cosmopolitan*. The range includes cologne, pump spray cologne, after shave, after shave balm, hand soap, hair tonic and hair liquid. Further additions planned are a shave foam and an antiperspirant stick. (Prices range from £1.75 to £11.50). *Alfred Dunhill Ltd, 30 Duke Street, Saint James's, London SW1 6DL.*



Bic introduce new family pack

Bic have introduced a new family pack, loaded with "stocking fillers"—pens, tights, razors and lighters. Although timed to meet the traditional seasonal demand for such items, the Bic family pack also provides a year-round display unit for the retailer.

The company explains that the number and variety of Bic products in this presentation is the result of research to ensure that with just one order the retailer gets the right mix to meet known demand patterns. Cost to the retailer is £39.07 with discounts for greater quantities, for example an order for ten packs would mean 15 per cent discount and larger orders would increase this. The unit itself is free and, as with similar

Bic presentations in the past, it can only be made available as long as stocks last. *Biro Bic Ltd, Whitby Avenue, Park Royal, London NW10 7SG.*

Baby harness with Tufty Tails

Packs of Tufty Tails disposable nappies are carrying a competition offering purchasers the opportunity to win one of 100 Easy Rider baby-carrying harnesses. Modo are giving away 25 in each of four monthly contests running until December.

The Easy Rider is a padded carrier which is designed to accommodate babies from birth to toddler size. Made from washable cotton gaberdine, it features a detachable headrest for additional support. Competitors are asked to place in order of importance some of the advantages of the Easy Rider and complete a tie-breaker. *Modo Consumer Products Ltd, Modo House, Chichester Street, Chester.*

Eight glossy lip colours from Coty

From November a range of eight glossy lip colours will be available from Coty. Called lip gleamers (£1.25) they are packaged in gold and transparent cases and colours include—cool cassis, glaze ginger, toffee apple, polished poppy, coffee bean brown, raspberry ice, red delicious and sugar plum shine. Available at the same time will be the new brow and liner pencil (£1.00). These double-ended pencils will be available in three shades. *Coty Ltd, 941 Great West Road, Brentford, Middlesex.*



Eylure distribute Le Galion range

The range of Parfums Le Galion is being handled and distributed by the Eylure group of companies.

Le Galion representatives will continue to carry Le Galion for Eylure. Special emphasis will be on the newly packaged Sortilege collection and on the 4oz extrait and 4oz eau de toilette sizes of all other fragrances in the range, namely Bourrasque, Brumes, Lily of the valley, Galion D'or, Jasmin and Snob. Le Galion's new fragrance Megara will be exclusive to Harrod's from October but will be marketed in a selected range of outlets early in 1979. *Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Gwent.*

Soap in a bag

A new range of soaps (£0.85) from Shepherds Heath English country soaps is packaged in hand made printed cotton pouches. The company wanted to package a soap in a manner that would be completely different to anything hitherto on the market, would reflect the fashion trends of today and fall into the "country soap" category in both appearance and fragrance. Minimum order four dozen. *Shepherds Heath English Country Soaps, 20 Docwras Close, Shepreth, Royston, Herts.*

Hair curl campaign

"It's enough to make your hair curl" is the theme of a new advertising campaign for Pin Up from Elida Gibbs, which will appear in women's weekly and monthly magazines between now and Christmas. The half-page black and white advertisements will stress the ease of using Pin Up and the convenience of its foam neutraliser. *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London.*

Shapers in magazines

Sunbeam will be advertising their Shapers range in six consumer publications this autumn. From September to December, advertisements will be appearing in *Look Now*, *My Guy*, *Pink*, *Mates*, *Fab 208* and *Oh Boy*. *Sunbeam Electric Ltd, 9 The Street, Ashted, Surrey.*

Panache from Tangee

Tangee are adding three new shades to their range of nail colours (£0.39). The colours are panache, golden copper and rose glow. Consumers buying two bottles at once are only charged £0.70. *Winarick (UK) Ltd, Unit 15, Heywood Industrial Estate, Heywood, Lancs.*

Fashion Jewellery at its best

BIG PROFITS FAST SALES

All displays delivered and left in pristine condition. Start selling immediately. All lines marked with suggested retail price. every display contains a fantastic range of all the latest lines which give you the benefit of

SIMPLE SELLING

FAST SALES

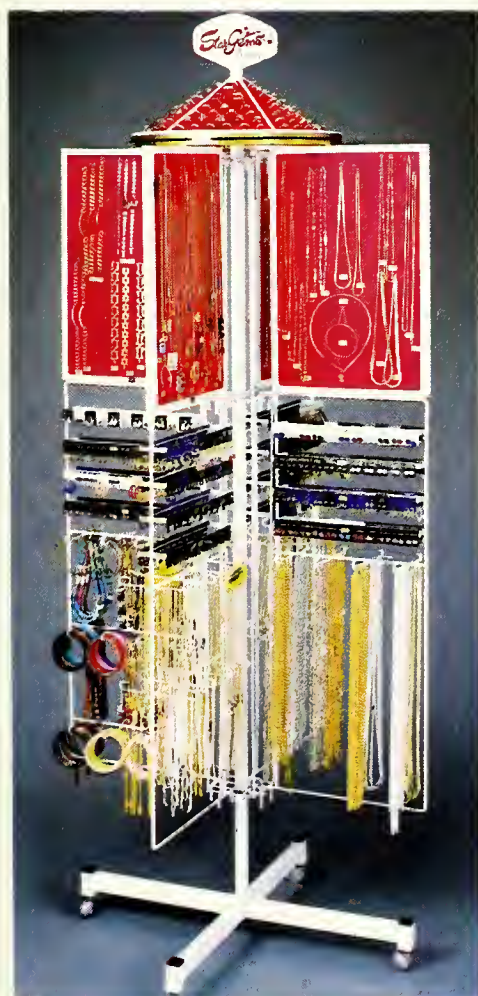
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BIG

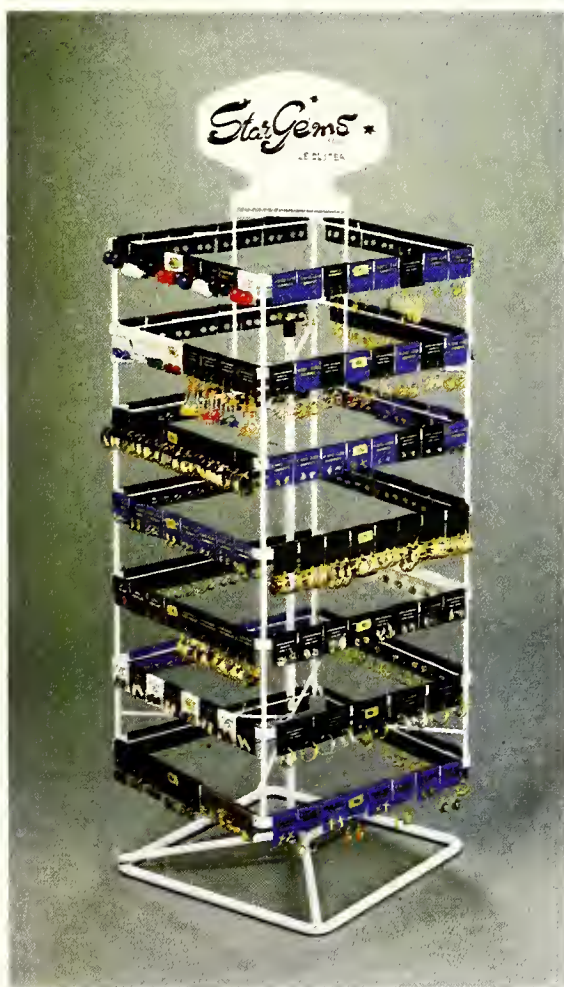
BIG

PROFITS

**A BOON TO THE
BUSY CHEMIST**



Fashion Jewellery floor stand



Fashion Jewellery counter stand

**Star gems displays are
sold in chemist shops,
stores and multiples
throughout the U.K. join
them now for a very
profitable Christmas**

*Phone: 0533 667800
or write to*

**Star Gems of Leicester
160 Melton Road Leicester
for prompt attention**



Silver Jewellery counter stand

**BOOST
YOUR
PROFITS
NOW**



Fashion Jewellery counter stand

£982,000. Nobody has introducing a new sh

And that's just the advertising.

We know that the market needs a shampoo to give hair extra body, because nearly 30 per cent of women have told us.

We know it's going to do well because it's already been proved a runaway success in Europe.

So stock up, we know it's going to work.

as ever spent so much shampoo.



Elida Gibbs  The brands that mean business.

COMPANY PROFILE

De Witt aim to make their presence felt

There is a temptation for any company which has built up an international reputation to rest on its laurels. But times change and new generations of consumers must be wooed directly—no longer can “grandma’s advice” be relied upon to secure a healthy market share.

So now De Witt International Ltd, 90 years after the group’s foundation and 76 years after its establishment in the UK, have begun the process of updating their image. Not that the established products are anything but successful, or that the range has not been continually expanded, but some of the brands are market leaders without achieving the degree of trade and consumer recognition they should command. The result is that a new marketing team, headed by managing director, Leon Godfrey, is currently taking steps to put the company and its products on the map, through advertising, public relations, and “communications” in the broadest sense.

But to return to the beginnings. The British company originated when Elden C. De Witt came from the USA in 1912 to establish a base from which to take advantage of the then British Empire market. He had begun his medicines business in 1888 (selling shares to chemists all over the USA) and had been so successful that one of his products—Kodol—had a town in West Virginia named after it. The British company is still owned by the American parent (headquarters Greenville, South Carolina) but has become very much an export arm of the group, having a branch

in Singapore and joint ventures in Argentina, Chile, Peru and Mexico, as well as exporting directly to over 100 markets, including Europe.

A deliberate decision to increase exports from the UK was taken 3½ years ago when Leon Godfrey joined the company as marketing director—the main influence being the home country’s economic difficulties. And from the then export figure of £400,000 overseas sales topped £1m for the first time in 1976 and reached £1.2m last year. Total business of the UK company was over £3m in 1977.

The manufacturing unit at Seymour Road, London E10 was acquired with Potter and Moore in 1968—the building still bears the name “Lavender House”, though that side of the business was later sold on to Jean Sorelle. Previously, De Witt had been at Croydon in South London. At Seymour Road there is a modern manufacturing and packaging plant, with some 120 people employed in the 60,000 sq ft unit. The breadth of the operation can be seen in the product range (De Witt’s own products; those De Witt produce under licence; and those distributed by De Witt)—from De Witt’s pills and antacids, through Slim Disks and Clinomyn toothpaste, to Yeast Pac, Foot Cool, Body Cool and a range of rodenticides and insecticides, under brand names such as Dethmor, Pied Piper and Dethlac. Additionally, De Witt distribute the Potter and Clarke range of products including Potter’s pastilles, C-film and Thompson’s Slippery Elm Food. In total,



Leon Godfrey

when overseas markets are included, the company uses some 500 trade marks.

However, the company’s new philosophy includes an expansion of the product areas, particularly by securing franchises; they are also interested in long-run contract manufacture of creams and liquids. Together with the brand principals, De Witt spent some £130,000 on advertising and promotion in the UK last year and in 1978 the figure could reach £250,000 with a greater emphasis on the products themselves.

And for much of the product range, the chemist is the exclusive outlet. Though Leon Godfrey is concerned that the falling numbers of outlets will affect distribution, he is sure that chemists will remain central to De Witt’s future, and so is particularly keen to help them.

A healthy future is predicted for De Witt International, with exports rising, home demand increasing and diversification as and when opportunities present themselves. Indeed, the marketing team has recently been strengthened.

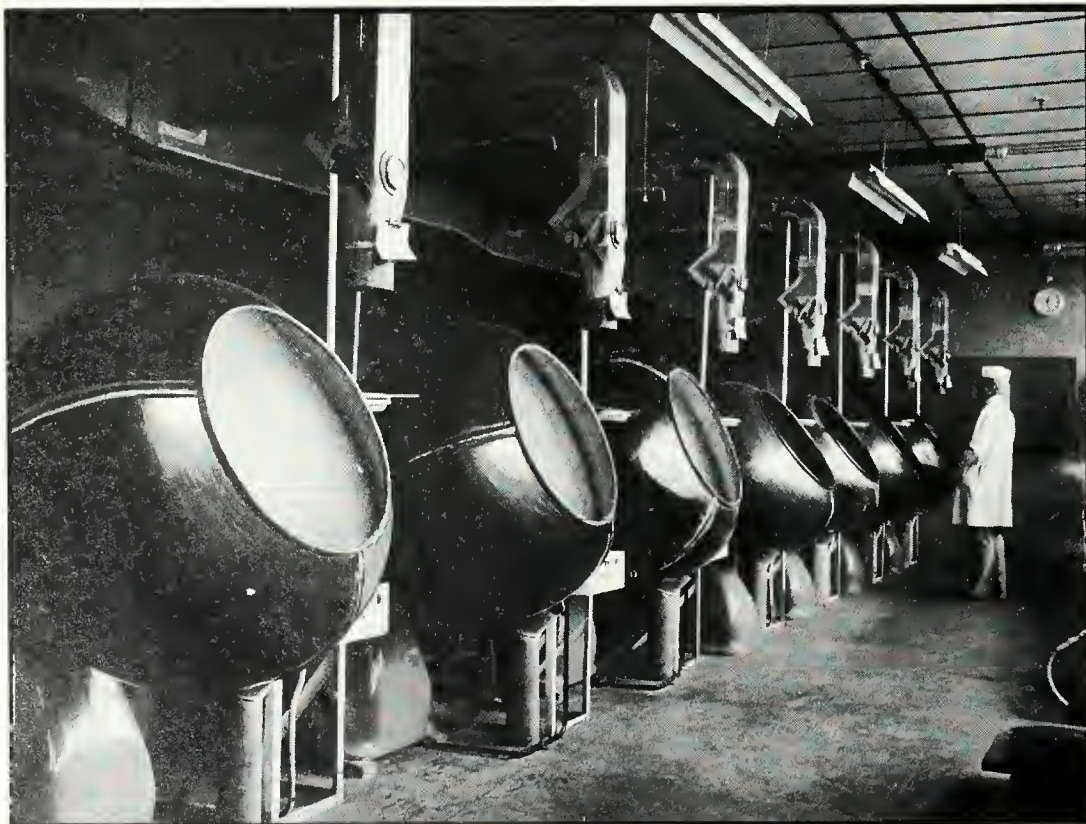
Progressive marketing operations are in the pipeline for De Witt. In June this year the company entered the low calorie granulated sweetener market when they took over the responsibility for the distribution of Sweet’n Low through chemists. Further announcements concerning the launch of new products are expected in the coming months.

New advertising

This autumn will also see greater product promotion to the consumer. An extensive campaign in the national Press, under the advertisement banner “The De Witt’s Family Health Column”, is to start this month, aimed at promoting individual De Witt products. Clinomyn smokers’ toothpaste will be advertised this autumn in colour in women’s and men’s magazines. Yeast Pac, the medicated beauty mask, will also be getting an autumn boost through advertising in young women’s magazines.

But expansion needs a solid base, and who could ask for a better one than a product which sells throughout the world at the rate of 15 per second and still receives letters about its effectiveness from satisfied customers after decades of use? That product is of course, synonymous with the company—De Witt’s pills.

Coating pans in which over 100m De Witt kidney and bladder pills are coated annually



NEW
matey
Shampoo.

Success is going to our head.

New Matey Shampoo builds on the runaway success of Matey Bubble Bath.

We'll be supporting the Matey brand with national advertising and promotions.

So stock and display new Matey Shampoo specially formulated to be kind to kids' eyes.



**Fun for kids
and kind to eyes.**





Perhaps the most eye-catching range of sunglasses yet, new Lookers confirm what every Polaroid stockist already knows: you can focus on fashion without losing sight of quality.

POLAROID'S NEW

LOOKERS

FOR THOSE WHO CAN SEE FURTHER THAN THE END OF THEIR NOSE.

For the first time ever, we offer non-polarising lenses, UV96 Equitints and Graduals, which eliminate up to 96% of potentially harmful ultra-violet radiation and do it with style. Whilst the graduals are anything but gradual in the spectacular effect their colours create.



Nor have we overlooked our famous original polarising lenses, though you may not recognise them at first. Given the new Lookers treatment, they'll put other sunglasses in the shade!





LOOKERS
BY **POLAROID**



Our first time into mirrors,
too. Silver or gold, they reflect
more than a glint of trends to
come...but not at the expense
of Polaroid reliability. As with all
new Lookers by Polaroid, a one-
year Replacement Guarantee
accompanies each pair.



It all adds up to 63 dazzling styles in 100
lenses and colour variations...among
them, a Sports Collection even racier
than the last. They're yours for the
takings...providing you have the
vision to stock them. New Lookers
by Polaroid.

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EVERYONE'S SWITCHING TO RADIO NURODOL.



At work, in the bath, pottering in the greenhouse.

Everywhere that people listen to local radio, they're getting the Beecham message.

That Nurodol is the painkiller which shifts pain fast without the fear of stomach upset.



In London, Birmingham, Manchester, Glasgow and all the other 15 local radio stations, our series of remarkable commercials is fast making Nurodol a household name.

Nurodol is the first analgesic to concentrate its advertising budget on radio.

There are already signs that it's paying dividends.



TELLING EVERYONE, EVERYWHERE.

British Pharmaceutical Conference 1978



Hope for women with hot flushes

Science sessions attract 87 papers

Workers at the University of Aston have been seeking a cure for hot flushes in menopausal women. But one problem is a shortage of women who flush at the right time!

According to Dr K. A. Wilson, pharmacy department, the publicity surrounding hormone replacement therapy has led to doctors frequently prescribing oestrogens during the menopause so that few women suffer from severe hot flushes. And even if they do, there is no guarantee that they will flush on demand under laboratory conditions.

There is no firm evidence linking hot flushes with oestrogen levels and, as oestrogens themselves are potentially hazardous, Dr Wilson and his colleagues have been searching for a more specific treatment. The first step has been to investigate what mechanisms are involved in the reaction.

Blood samples were taken from six menopausal women at rest and during flushing, and from four premenopausal women at rest and after they had been warmed to temperatures well above those experienced during the hot flush. The menopausal women were found to have some vaso-active factor which was absent at rest and in the controls. The factor was not 5-hydroxytryptamine and did not appear to be acetylcholine, catecholamines, histamine or prostaglandins. There is strong evidence that a prostaglandin-kinin-like factor may be acting locally and drugs which may be useful in controlling the symptom include prostaglandin synthetase inhibitors and prostacyclin-type compounds. Aspirin has also shown some activity, probably because of its anti-prostaglandin effect.

Vivalan and appetite

Rats at the University of Bath have been eating a remarkable mixture of cheese, luncheon meat, dried fruit and chocolate, plus *either* Rice Krispies, tinned fruit salad, mallow biscuits and Ritz crackers, *or* Sugar Puffs, water biscuits, peanut butter and digestive biscuits. Not surprisingly, they put on more weight than rats who were offered only rat pellets.

The experiment aimed to discover whether the antidepressant drug viloxa-

zine hydrochloride (Vivalan) can depress the appetite. There have been reports that the drug decreases food intake in patients whose depressive symptoms include overeating and craving for food.

The researchers—Marilyn J. Kirby, S. A. Pleece and P. H. Redfern—compared the effects of viloxazine and fenfluramine in rats given free access to the above delicacies. Although viloxazine significantly reduced food intake at first, the animals eventually succumbed to the temptations of tinned fruit salad, peanut butter, etc, and put on almost as much weight as the controls. The known anorectic fenfluramine was much more effective than viloxazine, which did not appear to affect the rats' preferences for fat, carbohydrate or protein (nor, presumably, Rice Krispies over Sugar Puffs).

Kidney damage in diabetes

Kidney damage is still a common cause of death in late diabetes mellitus. Changes in renal structure and function taking place early in the disease are thought to lead eventually to kidney failure. Recent workers on human diabetes have reported an increase in glomerular filtration rate (GFR) and changes in kidney size.

Researchers at Bradford University's school of pharmacology—J. M. Foy and A. K. M. Salih—made rats diabetic using alloxan or streptozotocin and studied the effect on the kidneys for up to 60 days. Results confirmed the high GFR noted in human diabetes, with figures up to three times those of the controls. There was a significant increase in kidney size early on, which progressed up to nearly double the size of controls.

The workers conclude that the raised GFR was a result of increased kidney size and lack of a similar increase in renal blood flow. The kidney functioned well during this period of diabetes although the authors thought reduced blood flow might suggest a tendency to atherosclerosis in renal vessels.

Egyptian mummy wrappings

Workers at Manchester University's pharmacy department have been studying the wrapping of an ancient Egyp-

tian mummy. G. G. Benson, S. R. Hemingway and F. N. Leech analysed the bandages of a mummy thought to have been wrapped about 2,000 years ago. The fabric used was linen and the adhesive securing the ends of the bandages was a protein similar to gelatin, contrasting with previous reports that gum arabic was used. The dark brown substance impregnating the bandages was found to contain beeswax, Dead Sea bitumen and galbanum. Although ancient literature suggests that mummy wrappings were soaked in resins such as myrrh, none of these were identified.

Triple granules

Researchers at Beecham Pharmaceuticals described ways in which the stability of a syrup granule formulation could be improved. The product was not stable enough for use in tropical markets because the drug reacted with the preservative sodium methyl-p-hydroxybenzoate in the presence of moisture left over from the aqueous granulation process.

The researchers—D. Ball, T. Lee, J. Ryder, H. Seager and D. Sharland—made a double granule product by preparing two groups of granules, one containing the drug and the other the preservative. The granules were mixed together before filling the bottles.

This method was extended to a triple granule product which was 10 per cent of drug-containing granules and 10 per cent of preservative-containing granules dispersed in plain sugar granules. To ensure complete separation of drug and preservative, a multilayered granule was developed consisting of a core containing the drug and an outer shell containing the preservative and flavours.

Another method of improving stability was to reduce the moisture content of the product to less than 0.1 per cent by pre-drying the flavour and preservative and then preparing a dry mix of the ingredients with no granulation. This product had the best stability.

The triple granule formulation was more stable than the single and double granule products after two months at 50°C and four months at 37°C, but was still unsuitable for tropical markets.



Andrex has got its autumn promotion all sewn up.

When it came to dreaming up the next idea for an Andrex promotion, we knew the success of the Height Chart and the Alphabet Chart would be hard to beat.

So this autumn we're offering every family the chance to own a soft, cuddly Andrex puppy, just like the star of the TV commercials.

The offer will be featured in whole-page colour advertisements in the September and October editions of women's magazines. It's all set to be the most successful Andrex promotion ever.

And when you look at the Andrex track record, that's really saying something.

Soft, strong and very long.

Andrex is a Bowater ♦ Scott quality product.

Andrex

When pharmacists should come between doctor and patient

Co-operation and understanding between the professions is much more desirable than the hard lines of strict legality, believes Mr. J. P. Kerr, member of the Pharmaceutical Society's Council.

Speaking at Monday afternoon's session on "The pharmacist's intervention and the doctor's response," he asked for more tolerance from doctors when pharmacists tried to check prescriptions with them. "Perhaps brusqueness on some occasions has taken the place of politeness," he said. Mr Kerr also believed pharmacists should be able to counter prescribe certain medicines on the NHS for patients registered with the pharmacy, and without reference to the doctor. The following is an extract of his paper:

Generally inquiries are raised because of possible interaction between drugs and of the new knowledge of paediatric and geriatric dose regimens. Digoxin for the elderly and Epanutin for children are two that consistently give rise to pharmaceutical worries, especially in receptionist-written repeat prescriptions. Here I particularly issue a plea to doctors that telephone calls from pharmacists involved in dispensing their prescriptions be put through by the receptionist right away. If delay occurs, one must offer some explanation to the waiting patient who sees other prescriptions being dispensed before theirs. An angry, demanding patient makes for an angry pharmacist and the system then tends to break down. The pharmacist has no basic retainer but is paid on a time and motion basis that militates against the niceties of genteel behaviour.

Protection from receptionists

Receptionists are inclined, not unnaturally, to protect the doctor and try to deal with queries themselves but, from experience, queries settled in this way are inclined to be repeated and perhaps this method is better avoided, except when one cannot contact the doctor himself. Perhaps even then a later word to the doctor will produce an amended card for the patient and avoid repetition of the queries.

Many queries, ie omitted strengths, can be resolved sensibly now that the BNF footnotes have gone. With that example of co-operation making life easier for both professions, perhaps we might now look to future joint action to continue the process, being careful to make sure that we do not go too far and make life difficult for pharmacist, patient and doctor. For example we might well accept that all prescriptions

should carry the name, address and age of the patient, with total quantity of drug and exact dosage. Some would argue that this should be a legal requirement, making any prescription not carrying all these details illegal. This does not seem a reasonable solution, as it would involve patient, pharmacist and medical practitioner, in great difficulties in dealing with a prescription with one detail missing. My position is clear—all details on prescriptions are desirable, but should not be made a matter of law, rather left to individuals to implement. Co-operation and understanding between the professions is much more desirable than the hard lines of strict legality.

Glossary of labelling terms?

Labelling is an area in which pharmacists regularly need to intervene. Here there is no agreement between the professions and perhaps we should now look for some clarification. For example, a doctor stating his instructions for a soporific drug "Take one at night" may well have it transcribed onto the label quite literally, or another pharmacist may transcribe "One at bedtime" which, I am sure, is what is intended. With diuretics, is a literal labelling of "One daily" really helpful to the patient? Does the doctor expect the pharmacist to label penicillin preparations "To be taken before meals" as a routine? Perhaps a glossary of terms can be agreed between the professions, so that all doctors using abbreviations can be sure that all pharmacists will give instructions helpful to the patient in taking medicines correctly.

Earlier this year the Department of

Health convened a meeting on information to patients. This meeting accepted the recommendation of the Society and the British Medical Association that a planning party be set up and we now await the Medicines Commission's reaction. The Society and the BMA intend to use this planning party as a means of obtaining some general agreement on the interpretation of instructions.

A more remote concept of pharmacist intervention is between doctor and patient by counter prescribing and that intervention gave rise to a great deal of bad feeling between the two professions prior to the introduction of the NHS. But a great change in attitudes has taken place and now a Health Education Council campaign is telling people that they should consult their pharmacist about the treatment of minor ailments. We should give guidelines and training so that both professions know the extent of each other's involvement. The doctor must be assured that the pharmacist is not going to diagnose but rather treat the symptoms of the condition which he recognises to be within his area of responsibility. The Society has been seeking to set up a working party, with the BMA on this subject and I hope this will not be long delayed. As soon as we understand each other's role, then we must set about training our newly qualified pharmacists.

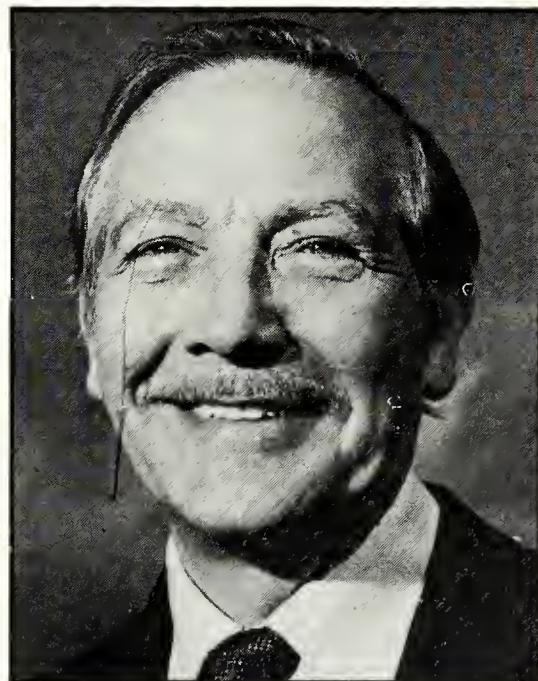
It is quite correct for us to be involved in recommending or compounding products for the symptomatic relief of relatively minor ailments. I believe it is better psychologically for a pharmacist

Continued on p467

Dr W. Fulton



Mr J. P. Kerr



Dear cynic
before retail
a story for you



The world's No.1 treatment shampoo.

al, seen-it-all- r, do we have

We know how you feel.

If you stocked every new product that came along you'd be a very cluttered bankrupt.

But Crisan is different.

Turning down Crisan would be like turning down the winning ticket in the Irish sweepstakes.

You'd be sorry. Crisan is already the best selling treatment shampoo in the world.

It's a proven success in sixty countries and now Wella think the time is right to bring it to Britain.

Treatment shampoos are beginning to take off and with Crisan things are going to happen even faster.

They look different and we believe they perform better than any other shampoos you sell.

We'll be saying so in our advertising this autumn. Full pages in the national press.

We'll help you, too, with POS and display units.

Crisan is going to be a big success.

It would be nice if you were part of it.



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GOLD TRAIL

October 16th - November 25th.

GOLD

FOR NUMARK CHEMIST CUSTOMERS

A chance to win over **£6000 WORTH OF GOLDEN PRIZES**
in the free entry Numark "Gold Trail" competition. With an attractive
First prize worth **£2200.**

Plus a great selection of **MONEYSAVER OFFERS.**

GOLD

FOR NUMARK CHEMISTS

A chance of sharing **£2000 WORTH OF GOLDEN TRADE PRIZES.**

An opportunity of **BOOSTING SHOP TRAFFIC, SALES AND PROFITS**
through the low price brand leader products on offer.
Supported by eye catching practical merchandising materials.

Build extra customer goodwill with over 1½ million free
entry competition forms and further boost the Numark value for
money trading image.

GOLD TRAIL

NATIONAL ADVERTISING

FULL PAGES IN THE SUN AND WOMANS OWN.

TV regional campaigns on Ulster, Grampian and Border stations.
Strong local press advertising.

If you wish to join the Numark Chemist Gold Trail –
contact your local Numark wholesaler.

NUMARK
CHEMIST



Pharmacist intervention

Continued from p463

to make up a bottle or dispense tablets than to hand out a ready prepared proprietary. This also has the advantage of controlling the repeated attempts by patients to treat their own symptoms. The evidence is there, in the prescription book, of repeats, and that itself may be a warning to the pharmacist that the time has come to refer the patient to the doctor. I would stress again that there is no diagnosis involved but the pharmacist should be able to realise that the symptoms the patient presents may be those which require an immediate appointment with the doctor. May I suggest that a telephone call from a pharmacist seeking an appointment for a patient he thinks needs urgent treatment meets with a favourable response from receptionists informed so to do. But if doctors, realising that pharmacists can play a role in relieving their burden, join with other bodies in advising people to consult their pharmacist, then the professions will have to get together to decide on a formulary of drugs we can use.

Concerted appeal

The Medicines Act did not make a decisive choice that drugs should be listed deliberately as "pharmacy only" but merely left a rump of those not fitting into other categories. The professions must make a concerted appeal to the authorities that if pharmacists are to intervene successfully in this field, then perhaps we should agree that useful drugs may be made available to pharmacists to relieve the symptoms that can be safely treated. Only if we consider giving the pharmacist the right to counter prescribe on the NHS for patients registered with one pharmacy will any progress be made in the poorer section of the community. NHS scripts could be written in pharmacies for medicines dispensed from a restricted list, with carbon copies to the doctor involved.

Careful thought will have to be given to the amount of information that will be of assistance to, rather than deter, the patient and agreement is necessary to avoid conflict between the professions. Whether or not a doctor gives information, the pharmacist may be asked what the side effects are when the prescription is dispensed. The pharmacist's refusal to supply such information could lead to an assumption by the patient that we were ignorant of the drugs we dispense, which is quite unacceptable to our members. So perhaps medical and pharmaceutical organisations should be

seeking a way to regularise information rather than expect we, the pharmacist, not to intervene or allowing possibly differing advice to be offered to the patient.

At right time in right way

Dr William W. Fulton, general practitioner, Glasgow, believed the pharmacist must make the right intervention at the right time in the right way; the doctor's response must be to welcome this evidence of joint action. His paper made the following points:

During the past 15 years over 300 papers on patient compliance have been published in the English language. Studies in hospital (Wallace and Crooks) demonstrated discrepancies of about 20 per cent between the drugs prescribed and those administered; this has led to changes in hospital practice which, when adopted, greatly reduce them.

Drury and his Birmingham colleagues found compliance to be remarkably good in a random sample of 521 patients in his general practice; of those given tablets or capsules 86 per cent took the prescribed dose for the required length of time, even when taking several drugs. They thought the most important element was the relationship between the family doctor and his patient, developed over a number of consultations. It is perhaps noteworthy that the best results were with repeat prescriptions and the authors suggested that this was due to the reinforcement of the advice on a number of occasions. They believed that the biggest variable in securing compliance was the doctor but I am sure the help of the pharmacist who dispenses the medicine can also be invaluable.

Consistent information

There is much discussion about what information should be given to patients about prescribed medicines, who should give it and in what form. It is essential that the information that is provided, either in printed, written or verbal form, should be consistent so as not to confuse or even alarm the patient. National standards may be arrived at for labelling, etc, but what the pharmacist says to the patient when he hands over the medicine, either spontaneously or in answer to a question, must be left to his professional training and, above all, to his good sense. Like the family doctor, he starts with certain advantages, the most important being what awareness of the patient he might have and, as Fletcher puts it, of "the knowledge, social background, interest, purposes and needs of the recipient."

Even at the most basic level wide areas of ignorance have been shown to exist in patients. For example, Dr Charles Murray Boyle, when he was a medical student, carried out an experi-

ment on 257 patients attending a variety of outpatient clinics at the Southern General Hospital, Glasgow, and on 35 doctors on the staff of the medical and surgical units there. Offered a choice of five definitions for each of a number of common medical terms, patients and doctors differed to a greater or lesser extent; the only term on which there was fairly good agreement was "a good appetite"; only 75 per cent of patients chose the medically accepted definition of "jaundice"; about half got "constipation" right and "palpitation" rated the same; perhaps more surprisingly, the figure for "a medicine" was only 43 per cent and for "flatulence" about the same (one popular choice was "an acid taste in the mouth, especially after food"); only 37 per cent got the right description for "diarrhoea". Knowledge of gross anatomy was even more sketchy.

Takes nothing for granted

These results confirm the need for information to be presented by someone who takes nothing for granted, who tailors what he says to the individual to whom it is addressed, checking that he is being understood, and who, for this purpose, takes the trouble to find out the right language to use and is able and willing to use it. It is this individual approach by the professional concerned that makes communication at this level so different from standardised, agreed pieces of information handed out, usually in printed or written form.

The hypothesis that advice to the patient or his relatives by the doctor who prescribes the medicine and the pharmacist who dispenses it will improve patient compliance may lack formal statistical proof but it seems to practising doctors and chemists to make sense and to be at least supported by experience. There are many other ways of improving compliance such as simplification of treatment by suitable drug combinations and the once daily dosage schedule; long-term therapy of schizophrenics by depot phenothiazines and the use of injectable hormone preparations or the intra-uterine device instead of oral contraceptives virtually remove the need for patients to remember to "keep taking the tablets". But the best medication will still demand the patient's co-operation and, especially in these days of potent medicines and multiple drug combinations, anything that can increase that co-operation is to be encouraged.

During the discussion, Mr Kerr was asked to expand on his suggestion that pharmacists should be able to prescribe certain items on the NHS. Mr Kerr said that he did not expect the list of medicines to be particularly long; it would be linked to minor ailments which

Continued on p468

Drug involvement in criminal offences

Science Award Lecture

Drugs are involved in a number of criminal offences such as murder by poisoning, rape involving the prior administration of a drug, driving whilst unfit through drugs and possession of a prescribed drug under the Misuse of Drugs Act 1971. The forensic scientist must be able to carry out analyses in all these cases in the most efficient manner. According to Dr A. C. Moffat, head of drugs and toxicology division, Home Office Central Research Establishment, chromatographic methods are favoured because they separate, identify and quantify the drugs and their metabolites simultaneously.

The "dope testing" methods developed for the World Cup Football Championship in 1966 were fundamentally the same as used in Argentina this year. Gas-liquid chromatography was the technique of choice then and it still plays a vital role in modern screening procedures. It has the advantage of high sensitivity, a degree of selectivity which can be altered by changing the detectors and it separates drugs and their metabolites efficiently. For example, a cyclist was accused recently of taking methylamphetamine; examination of a urine sample showed not only the methylamphetamine he had taken, but amphetamine, a metabolite.

Many factors have to be considered

when choosing a method for a particular job. Cost, speed and sensitivity are important, as are accuracy, reproducibility and reliability. Specificity is often the most important feature of all. A drug must frequently be identified unequivocally, regardless of the cost or time taken.

One way of determining the effectiveness of a chromatographic system is measurement of its discriminating power, defined as the "probability that two drugs selected at random will be separated by that chromatographic system." In its simplest form it gives the probability of identifying an unknown drug and can be used to compare different techniques to determine which is the best for a particular task.

A high performance liquid chromatography and radioimmunoassay method for detecting and measuring tetrahydrocannabinol (THC, the active principle of cannabis) has been in use for about 18 months. By studying the kinetic profiles of THC and its metabolites in blood the analytical result can often be interpreted for the courts. One case example is a 21 year old male who crashed his car three times, got out of his car on the hard shoulder of a motorway and was run over by two vehicles. He had a serum level of 17ng/ml of cannabinoids, some of which was THC.

Pharmacist intervention

Continued from p467

pharmacists' could treat. Mrs Joyce Gilbert, a member of the Society's Council, felt pharmacists should be able to prescribe for all patients, not just the "unfortunates who cannot pay." Mr Kerr replied that the Health Education Councils' campaign to encourage patients not to go to their doctor with minor ailments was designed to take the pressure off doctors; GPs in "working class" areas had the heaviest work load and needed the greatest relief.

The point was made by Mr Campbell, Sydney, Australia, and re-iterated by Mr Balmford, that for such counter prescribing to be effective it was essential for pharmacists to keep medication records so they were aware of all the other drugs patients might be taking.

Mrs M. Purse, Somerset, felt that pharmacists were already having enough difficulty in rural areas trying to maintain dispensing and it would be unhelpful if they started prescribing as well. Many patients were only too happy to come to the chemist for advice and pay for their medicines in full. She felt it was the wrong time to put an extra burden on the health service.

Mr Kerr replied that in his area 65 per cent of patients were exempt from prescriptions charges which meant there were 65 per cent of people not prepared to pay in full for their medicines. And pharmacists were probably more likely to prescribe less expensive mixtures than doctors who were often influenced by representatives.

Earlier Mr Kerr explained that he believed the scheme was politically possible. In 1969 pharmacists first put forward the case for allowing the "pill" under the NHS and the suggestion became a reality some five years later.

Mr Taylor, North Staffs, asked how he could break down the apparently impermeable wall of receptionists around doctors in many group practices without getting angry. Although Dr Fulton said he had no such "wall" in his practice and had the telephone on his desk, he suggested that, in order to break the rapport between a patient and the doctor, the pharmacist could suggest the doctor telephone back between patients. Mr Miall James, Benfleet, said that if the nature of the call was explained to the receptionist, mentioning that the doctor would probably need the patients' notes, this smoothed the path. Explaining the delay to the patient was also necessary. Mr Balmford added that calls to busy GPs should be limited to those which were essential.

The appendix and infection

Science demonstration

The appendix has long been thought to be a vestigial organ in humans and on its "way out" in the scale of evolution, but there is a school of thought which suggests it is on the "way up"! A similar organ in birds, the bursa fabricius is definitely connected with protection against infection.

Dr Mary Dawson, lecturer at the University of Strathclyde, Glasgow, and chairman of the Scottish Executive has investigated the role of the human appendix in immunity to infection. A survey of 478 pharmacy students from 1969 to the present was carried out. They were questioned as to whether they had had an appendectomy and what infections they had had before and after, if applicable.

Females, in general, had a higher incidence of tonsil infection, german measles, mumps and whooping cough than males but a slightly lower incidence of influenza. This indicated a higher in-

cidence of auto-immune disease in females which correlates with their non-rejection of the foetus even after the development of its central lymph system. As females had a higher incidence of infections than males, it was easier to compare the incidence to appendectomy in females. Those without an appendix had a higher incidence of tonsil infection and scarlet fever. Colds and measles showed a marginally higher incidence in those without.

However, the results which were displayed at Conference science demonstration session could not be conclusive as vaccinations and tonsilectomy probably play a role in protection against infection. Dr Dawson said that the students in the survey, and their mothers, showed remarkable forgetfulness as to whether they or their children had been vaccinated and, more surprisingly, since it involves a hospital stay, whether they had had their tonsils removed.

Hair. The miracle fibre.

Wella Fact File No. 2

A human hair is less than a tenth of a millimetre thick (or thin!), and its weight is almost immeasurable.

Yet in good condition, a single strand can support as much as seven ounces!

It grows at a rate of about half an inch a month, and has a 'life cycle' of around three years before a new hair takes its place. During that time it's brushed and combed every day, shampooed several times a week, and perhaps permed, tinted or bleached.

How can something so fine stand up to such treatment and still stay healthy? That's the wonder of hair—the miracle fibre.

Young hair is delicate

Hair grows from a pocket—called a *follicle*—beneath the skin. When first formed it's very soft, and not until it has grown about half an inch does it become hard and strong. So hair at the roots should be treated with care!

Follicle

The hair structure

Hair is made up of three parts. Usually the centre is a soft, spongy core called the *Medulla*, although this can be missing from fine hair.

Around this is the *Cortex*—long fibres twisting around each other.

The Cortex makes up between 70 and 95% of the hair's bulk, contains the natural colour pigments and gives the hair its strength, texture, elasticity, pliability and quality.

Cuticle

Sebum

Medulla

Cortex

On the outside, covering the delicate inner structure is the *Cuticle*, made up of protective overlapping layers which point in the direction of growth. In good condition, they lie flat and hold tiny deposits of *Sebum*, the body's natural protective oil.

Healthy hair looks lovely

Hair in good structural condition has sheen and lustre, because it has a strong,

compacted cuticle layer that reflects natural light and produces a shiny appearance.

However, the Cuticle can get roughened so that the layers don't lie flat.

Sun, sea and wind can be the culprits, to say nothing of hot hairdryers, heated rollers and so on.

This in turn means the inner Cortex can become de-moisturised, resulting in a loss of structural strength and elasticity.

The hair then looks dull and lifeless: it is in poor condition.

Caring for hair

Properly looked after, hair will maintain its natural, healthy appearance. It's important to make sure that the hair treatments you recommend—shampoos, conditioners, colourants, setting or Blo-Dry lotions and so on—are right for

the hair type and are of the highest quality. We began with hair—the miracle fibre, the story often ends with a final touch of hairspray.



And it is just as important that this is the very best. Otherwise, even clean, shiny super hair can be made dull in an instant.

Fortunately, the days have gone when hair was 'laacquered' and the style literally glued into shape!

The Finest Spray

Now there's Wella's super-fine Micro Mist Spray, which holds the hair firmly yet softly, giving it that natural freedom to move. Its micro-diffuser evenly distributes the spray, so the hair can never become dull or sticky.

As a beauty counter specialist, you can tell them that there are two kinds of Wella Micro-Mist Spray: one in the silvery brown container for normal hold, and one in the silvery pink container for hair that needs that little bit of extra control.



WELLA

we know about hair.

Now: together: a unique ostomy system and the best in skin care

SURGICARE System2

Trademark

Surgicare™ System 2 saves the daily trauma of peeling off adhesive bags often resulting in irritation, soreness and discomfort. The Stomahesive™ with Flange can be left on the skin undisturbed for several days whilst pouches are replaced as often as necessary... so simply.

Kinder to the skin

Stomahesive™ with Flange may be used by patients who have experienced sensitivity reactions when using ordinary adhesives and karaya or where perspiration under the adhesive is a regular source of irritation and discomfort

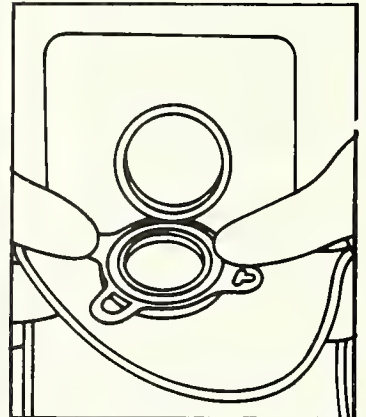
Unequalled comfort

The Stomahesive™ base will mould to irregular contours of the skin and is so easy to apply without wrinkling. Comfort is derived not only from the feel of Stomahesive™ against the skin but from the confidence that the appliance will be secure and leak free irrespective of the condition of the skin.

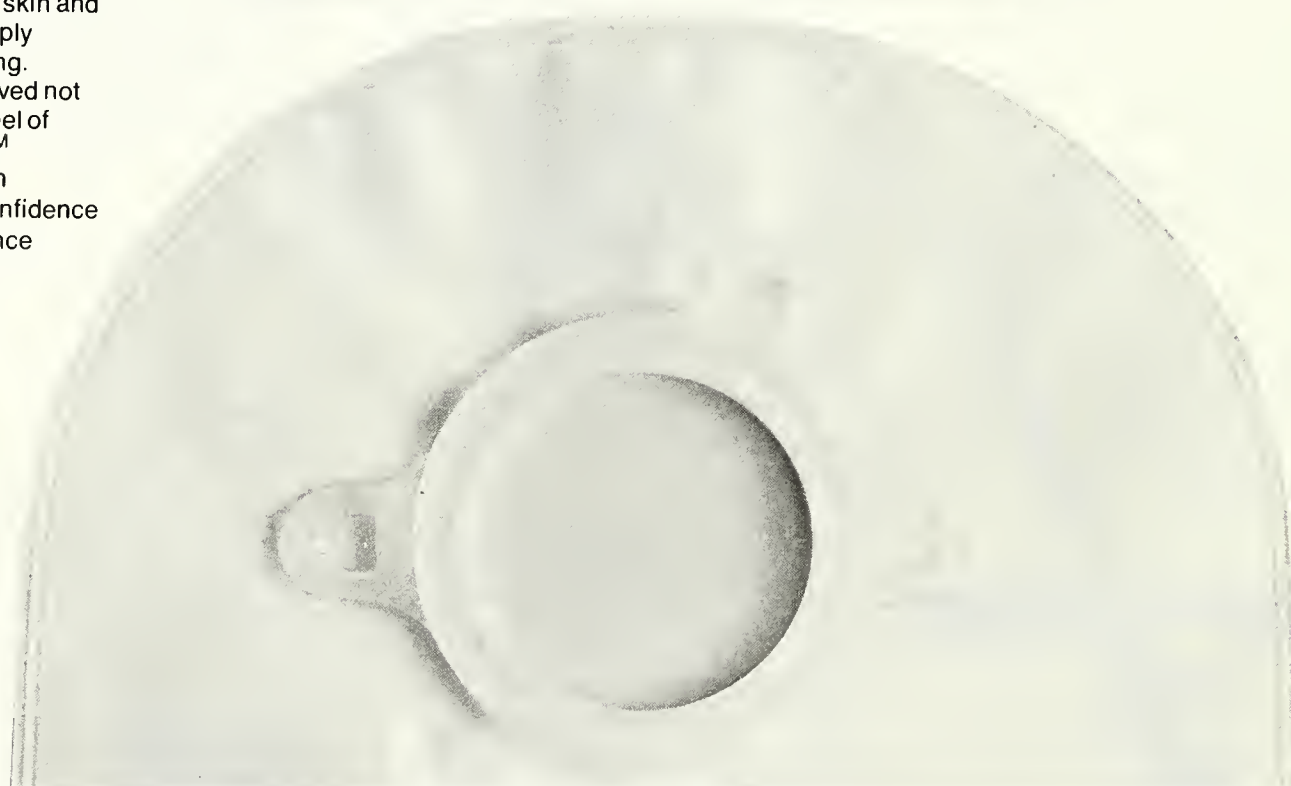


Avoids adhesive trauma

With the Stomahesive™ flange remaining undisturbed, pouches may be removed and replaced as necessary.



The colostomist, for example, may change pouches several times a day without the need to disturb the Stomahesive™ base and its flange.



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Quality assurance developing from medicine to patient's response

Dr W. G. Thomas, chairman of the Conference Science Committee, described how quality assurance had developed from being merely the "quality of the medicine" to being the quality of response in the patient.

The following is an extract of his scientific address on Monday morning:

From the earliest evidence of medical knowledge about 5000 years ago, scholars have deduced that there have been periodical attempts to regulate the usage of medicines. For some cases of failure, there was provision for punishment, but Hippocrates declared that "there is no punishment connected with the practice of medicine except disgrace". The quality of medicinal products in England was first subjected to legislation by an act in 1540 which gave power to the London College of Physicians to appoint four inspectors. There was no effective legislative control over the sale of poisons in Britain until 1851, and the first Dangerous Drugs Act set out to control opium alkaloids and cocaine in 1920.

Vigorous activity

The adverse reactions attributed to thalidomide in 1961 prompted vigorous activity in Great Britain to develop systems of control to minimise future risks. The Committee on Safety of Drugs, under the chairmanship of Sir Derrick Dunlop, enlisted the voluntary co-operation of about 600 firms. The Medicines Act 1968 was drafted as a comprehensive measure to enable subsequent detailed control to be developed and implemented as appropriate. The Medicines Act established the Medicines Commission and provided for specialised committees—like the Committee on Safety of Medicines (CSM), Committee on the Review of Medicines (CRM), Committee on Dental and Surgical Materials, etc.

The "Guide to good pharmaceutical manufacturing practice 1977" (GPMP) provides a definition of quality control appropriate to pharmaceutical manufacture and distribution, describing a system that is documented and regulated, extending from control of ingredients through the various stages of manufacture, packaging and labelling to the final sampling and analysis prior to release of the product to the patient.

Quality assurance is an extension and broadening of this pattern of activities. The "Guide" defines quality assurance to include all those steps that are taken to ensure that the products will be of the quality required by their in-

tended use, for example including product design and development.

The finished pharmaceutical product has often been at the focus of our attention, but increasingly our emphasis has moved closer to the patient. So we are concerned with information to patients (as well as to prescribers, pharmacists and other members of the health care team), patient compliance, and to be aware of the effect upon the patient (and offspring) during and after treatment, particularly in the case of any adverse reaction.

Safety and efficacy included

For the patient, assurance of quality includes consideration of safety and efficacy, and there is now a more general appreciation that all medication involves risk; that safety is a dynamic and relative, not a static and absolute property; that there is no such thing as a safe article, only ways of using any article with degrees of safety.

The present system of control of medicines in the UK is intended to cover the safety, quality and efficacy of all medicines through the stages of clinical trial, production and distribution, by a system of licensing. Licences are of five main types: licence of right (PLR); clinical trial certificate; product licence (PL); wholesale dealer's licence; manufacturer's licence.

Concern has been expressed in the USA and in the UK that controls intended to ensure the safety of drugs could adversely affect their patient's safety, by inhibiting the development of better drugs. Within the EEC, our future will be increasingly influenced by four main directives on proprietary medicinal products: 65/65, relating to standardising the basic legal, regulatory and administrative actions; 75/318, relating to analytical, pharmaco-toxicological and clinical standards and protocols for testing medical products; 75/319, providing for formation of the Committee on Proprietary Medicinal Products (CPMP) with the underlying intention to progress towards free movement of proprietary medicinal products within the EEC, including provisions to facilitate licensing in several countries, after obtaining approval in one, by means of a single application; and 75/320, providing for the formation of the EEC Pharmaceutical Committee, and describing its membership and functions.

As the systems of control by licensing of individual products, and the regular review and up-dating of these licences,

become more complex and burdensome, an increasing proportion of the burden for specification, standards and analytical method must be carried by the Pharmacopoeia. There are few feasible alternatives for adequately controlling the quality of ingredients.

Considerable success has been achieved in delivering a well-protected medicine into the hands of the patient, but many patients do not take their medicines according to their physician's intention. Further work is required to assess the size of this problem and to identify the key factors, including the presentation of dispensed medicines and counselling of patients. Possible areas for further study include educating the patient, communications between the professional members of the health care team, and the adequacy of the records of patient medication (especially when the patient is transferred to another physician).

It seems that substantial attention is needed to improve the linkages at this end of the long chain which brings the medicine to the patient, if the benefits of total quality assurance are to be fully realised.

New Janssen award for management

Janssen Pharmaceutical Ltd are to award an annual scholarship worth £500 to any pharmacist for research in management, according to Mr A. G. Mervyn Madge, chairman of the membership committee of the Institute of Pharmacy Management International. Mr Madge said a new quarterly journal would be published in January. Entitled IPM Journal, it will be edited by Mr Stephen Davison, a Nottinghamshire pharmacist.

Speaking at the IPMI's reception on Sunday, Mr Madge said the Institute was now in its 15th year and had a membership of over 1,000. There were active branches in Ghana and Nigeria and there had been a request from a university in the USA to set up a branch there. He also said the response to the management course at Brighton Polytechnic had been good with many applications from overseas including 17 from Africa. There was now a waiting list. The course would comprise one module of a series of probably three or four which would lead to a diploma in pharmacy management. Mr Madge also said the second international conference of the Institute would be held from March 25-28, 1979, in the Lake District.



What consumers expect from their medicines

The consumer is very satisfied with the accessibility of both chemist and general practitioner services, according to two intensive local surveys carried out for the health departments.

Mr John Ward, head of social policy unit, National Consumer Council, which carried out the surveys, said at Tuesday's professional session that this satisfaction was not evident with respect to three other primary care services—dentists, opticians and chiropractors.

A summary of the findings is presented below. The surveys, carried out in Hackney and West Cumbria, concentrated on the over 70s and families with a child under 10—main users of the NHS.

In Hackney rather more of the old people (67 per cent), than in West Cumbria (59 per cent) got their prescriptions made up themselves probably because of the problems of transport in rural areas. However, with respect to children the position was reversed, with 93 per cent of respondents/parents getting prescriptions in West Cumbria and only 79 per cent in Hackney, where there is a high proportion of single parents or families where both parents work.

Just over 70 per cent tended to go to the same chemist if possible. The most common reason for commitment to a particular chemist was that "it was near the doctor's surgery" and the second most frequently-mentioned reason was that "it was near to home". The quality of service received was a significant influence on whether they returned. Other factors mentioned included: "opens up in an emergency", "lives on premises and has an emergency bell", "the sort of chemist who, if he thought the doctor was making a mistake with a prescription he would check", "local man", "I know him", "I can talk to him", "obliging", "cheerful", and "I can do some shopping there while I wait."

Collecting prescriptions

Most people picked up their prescription immediately after leaving the doctor's surgery, although old people with less urgent repeat prescriptions were rather less inclined to do this than parents. The time taken from home to the doctor's surgery and on to a pharmacy to pick up a prescription was most typically under one hour.

Consumers were asked what difficulties they experienced getting their prescriptions made up. Around 90 per cent of our responders replied that they had no difficulties. This is a resounding vote of confidence in the present service, and is matched in our survey only by GPs. But 10 per cent did experience difficulties,

which represents a large number of people, if it applied to the whole population, ie over 5 million in the UK.

Difficulties most commonly experienced suggests that inadequacy of stocks is the overwhelming issue—"hadn't got medicine in stock and had to come back later." We suspect that this difficulty was understated in our sample, as many did not regard having to wait for stocks to come in as a difficulty. Other difficulties experienced include "being given short measure on tablets", "chemists asking doctors to suggest a substitute", "reluctant to respond to an emergency". Even where difficulties were experienced, examples were given of how helpful chemists had been in overcoming them, for example "he took my phone number and rang me when he had got my ointment", "she brought the appliance round in her car".

Mr Ward concluded that at least as much care and attention should be given to maintaining a local chemist service as is given to a local GP service. A guiding principle might be "a chemist within half a mile of a doctor's surgery".

A GP pharmacist's view

Mr W. A. Beanland, FPS, said that he would look at the scene through the eyes of a practising pharmacist—"a long, hard look, directed both inward and outward, and my gaze will not be averted if what I see is unpleasant or uncomplimentary. Indeed, I accept at the outset that the self-criticism and cynicism which follows will be offensive to some, and regarded as disloyalty to my profession by others." An extract of Mr Beanland's paper follows:

The consumer whose health deviates from normal, mistakenly believes that there must be a drug that will quickly restore normality. In fact, his prime need is proper counselling and correct diagnosis. If his condition requires treatment with drug or medicine, it should be the best available, which he should then take strictly according to instructions given. To what extent are these conditions fulfilled?

Let me look first at the prescriber. An assumption has to be made which pharmacists might find difficult to accept—that the prescription is correct in every detail. Indeed, with evidence that a significant proportion of prescriptions are issued on the basis of the patient's own diagnosis and without his being examined or even seen by the doctor and an equally significant number written by persons other than the doctor, a degree of cynicism is understandable, particularly when one evaluates the information (or lack of

it) regarding the dosage instructions.

Yet patients understand little of what they have been told in the consulting room and remember less. So a pharmacist will subsequently be called upon to deal with the prescription and we should not tolerate a lowering of our standards.

Health professionals attribute to the layman a much greater knowledge of anatomy and disease than he possesses, and also credit him with an understand-



Mr W. A. Beanland

ing of the action of drugs. They discuss illness using clinical terminology, leaving him baffled and frightened. Yet, at the same time, they vastly underrate the intelligence and perception of the lay consumer. Perhaps not surprisingly, therefore, our consumer, unable to comprehend his verbal instructions and denied adequate, legibly written information, finds himself launched on a "do it yourself" health care programme. He takes his own decisions about medicine usage and accepts advice from family, friends, neighbours and almost anybody with medical knowledge on a par with his own. This almost total lack of understanding is evidenced by the way in which people will "swap" their dispensed medicines almost as freely as they "swap" advice.

Let me now turn to the "link-men", the suppliers—the pharmaceutical manufacturers and pharmacists. Pharmacists suspect that an attempt to bypass their profession is being made because of the increasing demands from within industry for unit pack dispensing. Industry's spokesmen claim that this would ensure that the consumer received his medicine in perfect condition and would provide a guarantee against substitution—implying that neither criteria is met at present. The case is, however, tenuous and untenable. The consumer does not conform to predictable patterns and the manufacturer

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Growing lead in boom market heralds

HEYDAY FOR NIGHT NURSE

**RECORD
SALES THIS
WINTER-
BEECHAM
OFFICIAL**

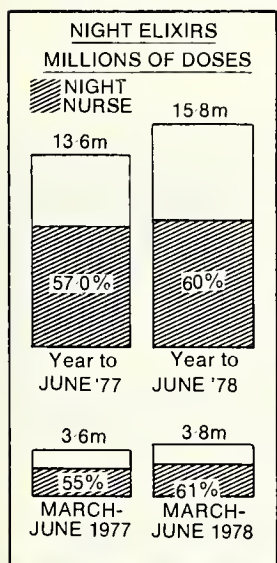
Independent chemist audits continue to underline marked growth by night-time cold 'elixirs'. Within the 12 months to June '78, demand neared 16 million doses, and sales rocketed to over £2 m! Night Nurse again increased its

established lead, dominating this growth market with nearly two-thirds of dosage and over half of both pack and sterling sales.

Summer boom spells record winter

PARTICULARLY marked has been new growth in early-summer demand. Audits show a clear 18% increase over '77, with nearly 4 million doses being sold between March and June alone this year!

Beecham confirm a record 29% sales increase during the period, with its leading Night Nurse brand again accounting for over 60% of the new business. "It's an indication of the Night Nurse sales chemists can expect this winter", a spokesman comments.



MASSIVE TV FOR FAMILY FAVOURITE



Night Nurse set to increase lead!

UNVEILING promotional plans for Night Nurse, Beecham confirm over £½ m. will be put behind high-frequency national TV all winter long. "We're set to build on our lead," was the quote. "Brighter packs, eye-catching dispensers and incentives . . . all will make sure chemists see a healthy return as demand for Night Nurse reaches a new high this winter."



HOT LEMON GROWTH LEADER DOUBLES UP ON TV as sales near £2m.

HOT on the heels of the current Hot Line promotion, Beecham announce a record £½ million winter-long campaign on national TV for "Hot Lemon" - growth leader in the booming lemon cold remedies market.

Get on the Hot Line NOW...

DEMAND, now set at 27½ million doses, has soared 62% in 5 years. And Beechams Powders Hot Lemon leads the growth. Contact your wholesaler now. You'll be on the Hot Line to growing business . . . and you could have won one of the 1,000 prizes.



STOCK NOW, FOR BIGGER WINTER BUSINESS



Pulmo Bailly: it even tastes like it's doing some good.

Pulmo Bailly is not like other cough remedies. For a start, its formulation is so strong that it needs to be diluted with water.

It's a Part 1 medicine so it can only be sold through chemists and cannot be displayed within easy reach of customers.

Finally, Pulmo Bailly has a really strong taste. Children won't take to the flavour. For that matter, neither will many adults.

Despite all these disadvantages, thousands of people take Pulmo Bailly for their cough.

Perhaps they think that anything that tastes so bad must be doing them good.

Pulmo Bailly's medically-approved formula contains Codeine to soothe the cough reflex from the brain and Guaiacol to loosen phlegm.

So stock and recommend Pulmo Bailly.

It's the adult remedy for the adult cough.



Pulmo Bailly

The adult remedy for the heavy cough.



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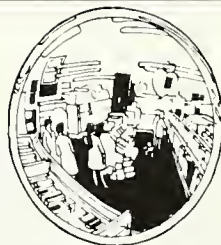
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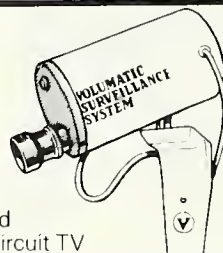
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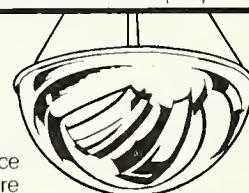
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Consumers' expectations

Continued from p472

cannot possibly diagnose and prescribe for unseen, unknown patients. It is difficult, to the point of being impossible, to find a manufacturer's original pack which is suitable for handing to the patient. The packs are inevitably used mainly to advertise the manufacturer and his product, give little information that is helpful to the consumer, and are prime examples of the art of "buck-passing", eg "usual dosage: one to three tablets four to six times daily" (ie ranging from four to 18 tablets daily), or far more often "Dosage: as advised by the physician".

My most serious indictment of industry, however, is the rigid attitude which appears to give no thought to the use to which the medicine will be put. The law requires certain information to be given on labels and suggests suitable wording, which manufacturers copy slavishly, no matter how idiotic the result, for example, antihistamines for infants carry the warning that they should not, while taking the medicine, drive or operate machinery.

Pharmacists lack courage

The degree of consumer protection given by the pharmacist is remarkably high. The quality of the medicine is beyond doubt, as is the accuracy of the dispensing. Recent comments show that the pharmacist has the knowledge and expertise, but lacks the courage and self-confidence to use them effectively; a conclusion with which I fully concur. Nowhere is this more in evidence than in the way in which we label and present dispensed medicines. My considered opinion is that our labelling is utterly appalling. But apart from the aesthetic viewpoint it is often of little practical importance whether the label can be read or not, as the information contained is so often of minimal use to the consumer. The pharmacist knows full well that putting the correct medicine into the hands of the consumer is only a part of therapy; another is to ensure that the consumer knows the dose and dosage intervals; and the final part is to ensure that the medicine, after being taken, is delivered to the "site of utilisation", which is by no means as easy as most consumers and many doctors believe. The pharmacist knows this full well, but does little or nothing about it. On his labels he uses vague, trivial and utterly meaningless phrases, such as "once daily", "twice daily", without stating also at what time of the day or in what relationship to the set patterns of rising, retiring and the intake of food; and without stating how the dose is to be taken. He will accept

incomplete prescriptions and supply incompletely-labelled medicines. He labels "take when necessary", without stating what the necessity is or what the maximum daily dose should be. He rarely indicates an expiry date after which the medicine should not be used. Pharmacists will often excuse their inadequate labels by claiming to give verbal instructions and information when handing out the medicine. As they are acutely aware of how little patients remember of what has been said in the consulting room, this excuse, even if true, is irrational and illogical. Pharmacists continue to act as though they still believe themselves to be no more than "the physician's cook", doing exactly as they are told, under-using their skills and expertise, lacking initiative and refusing to accept added responsibility.

In spite of my criticism, I believe that pharmacy today is the most thoughtful and concerned of the health professions. Ahead of us lie new fields of responsibility, but many pharmacists realise that there is a great deal of work still to be done to bring our present standards of practice up to a higher level. This was evident at the Pharmaceutical Society's branch representatives meeting in May, when eight motions were presented on this subject. While it is a matter for regret that most called for outside help—when the real need is for the profession to stand on its own feet and to put its own house in order—I regard the signs as hopeful, and feel cautiously optimistic for the future.

Dr Terry Eaves, of Hoechst UK, discussed the consumer's expectations of

medicines and how they were met:

The most common consumer expectation is undoubtedly that of effectiveness, a situation which has arisen from a past history of striking pharmaceutical success stories. By and large this demand has been well satisfied; indeed the yardstick of our elaborate product licencing system is "effectiveness coupled with safety". Although our weapons are effective there are gaps in our armoury; some diseases, particularly carcinogenic ones remain almost completely recalcitrant while others, such as psychological disorders and inflammatory conditions, submit reluctantly and step by step.

But we now know that even effective drugs do not guarantee consistent medicines, and extensive research and development has to be linked with high standards of good manufacturing practice. It may require 10 years, for example, to turn a potentially useful drug into a range of stable, elegant, acceptable, dosage forms which maintain their potency inside the packs in which they are to be marketed for a declared shelf-life. To then guarantee that these medicines will retain their chemical, physical, microbiological and biopharmaceutical immutability for undefined periods in unspecified dispensing containers paid for from a container allowance which is currently running at 2.8p per prescription is beyond the industry's ingenuity and this responsibility to the consumer must, therefore, under the current scheme, reside with the dispenser. One wonders whether the dispenser is always in possession of sufficient

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Consumers' expectations

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information to shoulder his responsibilities squarely.

The consumer's unrealistic expectations of drug safety have resulted in various Regulations. Child-resistant packaging Regulations alone appear to improve the safety of medicines, most others merely document toxic effects more accurately. Inappropriate legislation also features in "panic" moves by regulatory authorities to ban certain pharmaceutical excipients, especially colours, flavours, preservatives and stabilisers, often when no suitable alternative is known and when the absence of the pharmaceutical adjunct raises serious safety questions due to patient confusion or degradation of the active ingredient. Fortunately, such moves are more common overseas than here in the UK, where realistic attitudes and demands for sound factual data still prevail.

Those searching for realism, however, will be disappointed by the recommendations of the Pearson Commission report on civil liability and compensation, which wants pharmaceutical companies to be liable for any damages arising from use of their products. Even though the Commission recognises three forceful arguments, namely the near-impossibility of absolute safety, the responsibilities of the Committee on Safety of Medicines and the involvement of the prescriber, it still concludes that "no special treatment could be justified" for medicines. There will, therefore, be no compensation for the consumers from a State fund.

The prescribing doctor will indicate the dosage regimen, the drug's expected action and the possible serious side effects; he may also mention the need for compliance or the dangers of concomitant drugs or food. How much of this information is retained by the patient, however, is questionable and reiteration by the pharmacist, especially for those medicines where dangers exist, is essential.

What is needed, is a clearly marked medicine inextricably combined with patient information. What simpler answer is there than original pack dispensing? Basic information can be provided on patient packs by the manufacturer and can be expanded or emphasised by the pharmacist based on the more complete data provided by the data sheet compendium and other reference texts. Original pack dispensing would also remove the stability uncertainties which surround dispensing packs and would facilitate recall. Despite all this pharmacy seems reluctant to accept the benefits (and perhaps the inevitability?) of original pack dispensing.

The consumer probably would not be unduly concerned at the cost of medicines were it not for the constant vote-catching exercises practised by politicians. Most individuals place health before wealth in their priority lists yet the total cost of prescribing medicines in England financed by the NHS during 1978 will be in the region of £12 per person. In other words the NHS drugs bill averages about one per cent of a typical family's income (while alcohol and tobacco account for about six per cent!)

If we really wish to economise on NHS costs perhaps we should examine the administrative structure and its operating efficiency. It baffles me, for instance, why hospital pharmacists repeat costly quality control tests on medicines which have been manufactured by reputable companies in accordance with procedures which are agreed with the CSM and which are checked periodically by the medicines inspectorate!

Which diseases deserve research priority? Heart disease and cancer are the main causes of death but inflammatory diseases and psychological disorders affect adversely the quality of life. Fortunately both aims are fervently sought. True research commands only a small part of the total research and development budget, with increasing legislation the development portion has grown disproportionately.

In conclusion, the consumer's expectations are to a greater or lesser degree being met. The professional is now charged with the immense responsibility of ensuring that the dispensed medicine achieves its full potential. The pharmacist, in particular, has a tremendous role to play in optimising effectiveness and minimising risk. He can do this by ensuring that the medicament is appropriate, understood and complied with and that incompatibilities of pharmacological or pharmaceutical origin are avoided. Today's professions are judged by the tangible expertise and integrity which they can demonstrate.

The complexity of modern dispensed medicines requires all pharmacists to demonstrate openly their valuable contribution to the realisation of the consumer's high expectations.

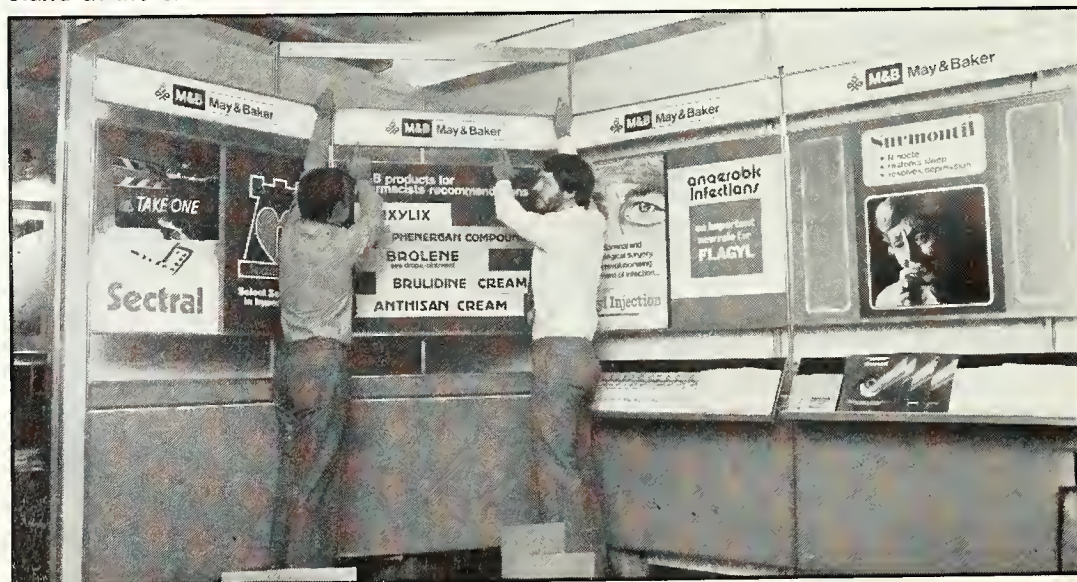
During the discussion, Mrs Estelle Leigh, immediate past president of the Pharmaceutical Society said the Danes had found a way of improving labelling standards. Doctors were required by law to put the correct dose on each prescription together with the indication in words that the patient could understand. The instruction "as directed" was banned. Pharmacists were also legally required to put the correct dose and indications on the label.

Mr I. S. Swanson, Edinburgh, wondered how patients could be made to respect medicines more because dispensing today appeared to the public to be a rapid process with little effort involved. Mr Beanland felt the responsibility lay with the prescriber to make medicines more difficult to obtain. If, for example, he gave only 15 sleeping tablets to last a month the patient would have to think hard whether he needed one before taking it.

Mr C. C. Stevens, a member of Council, pointed out that pharmacists would do a quarter of the usual number of prescriptions in a day if they took Mr Beanland's advice and explained in detail exactly how patients should take their medicines. How would they be paid for the extra time and staff involved? Mr Beanland replied that if a few dedicated pharmacists started it off to prove that it was to the patient's advantage, remuneration would follow, in the same way as pharmacists started using rigid tablet containers and then got paid for them.

Both Mr Lynch, Birmingham, and Mr Balmford felt that a survey such as the one described by Mr Ward which showed that 70 per cent of the public tried to go back to the same pharmacy, suggested there was a good case for introducing patient medication records.

May and Baker representatives Peter Hancox (left) and Steven Short assembling their stand at the exhibition—an innovation for the conference



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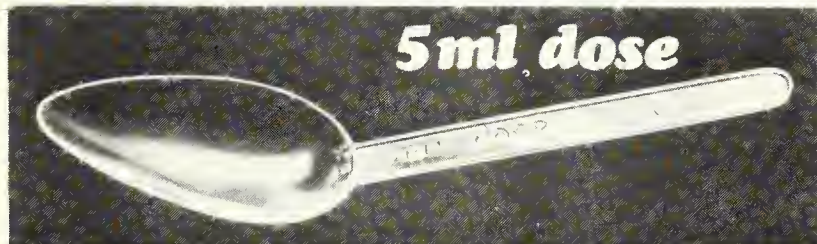
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A backer for W. Glamorgan?

May I add my thoughts about the West Glamorgan—PSNC “wrestling” match. The PSNC apparently don’t like their levy being stopped. It appears to me that the PSNC by its own failure to negotiate anything worthwhile, has itself lost the levies due from the pharmacies that it has watched close down. The few pounds due from West Glamorgan are peanuts compared with this total.

A glaring example of the “negotiating” power of the PSNC is the essential small pharmacies payment scheme. The leaflet concerning this scheme starts off “The Secretary of State in agreement with the PSNC” etc. Who agreed to a 1.55 mile “as the crow flies” distance from the next pharmacy? My patients can’t fly, and by road it is twice the “flying” distance to the nearest pharmacy. The other “agreement” of this scheme is to take into consideration the over-the-counter turnover. Since when has the counter turnover had anything to do with the Department of Health? The Treasury already gets tax on the profits, and an efficient, well liked pharmacy is penalised compared with a run down shop. If the PSNC can agree to these kind of schemes then I too will vote for my area to stop the levy. If put on a 33 to 1 outsider I have more chance of making a profit than giving it to the PSNC.

A. Jolley
Newton-le-Willows,
Merseyside

Short memories

The most preposterous remark ever to appear in your columns must surely be the sentence with which you open your issue of September 2. You say, “Pharmacy, and general practice in particular, must be increasingly grateful to the Conservative Party for the publicity given to the profession’s problems over the past year or so.” Really? Are our memories so short?

Then let us remember that it was a Conservative government that first introduced prescription charges and saddled us with the task of collecting them (free, of course). It was a Conservative Minister of Health (Powell) that inflicted the most savage cuts in our remuneration.

It was a Conservative government that abolished resale price maintenance, and so put certainly dozens, and probably hundreds of us out of business. It was a Conservative Chancellor of the Exchequer who introduced value added tax, with all the extra (unpaid, of course) work that that imposition involves. Worst of all, it was a Conservative Prime Minister (Heath) who took us

into the Common Market, the biggest disaster that has ever hit not only us pharmacists, but all our fellow citizens as well.

Pharmacy has suffered more under the Conservatives than it has under the Socialists. Most of the profession’s problems that the Conservatives are *now* so concerned over were caused by those same Conservatives themselves. Are we now to be “grateful” to them because they are saying a few nice things about us in what may turn out to be an election year? Does anybody *really* imagine that we would be any better off under a new Conservative government than we have been under any of the previous ones?

Every government since 1948 has wanted a first-class health service, and no government has been prepared to pay for it. If we are to do anything to better our lot we must do it ourselves, for no political party will do anything to help us.

“Put not your trust in princes,” sang the psalmist. If he had lived in 1978 he would surely have added, “. . . nor in politicians.” Let nobody construe this letter as a “puff” for the Labour Party. It is nothing of the sort. I look upon all party politicians with equal contempt.

Sid Gruntled

The “equality” of the parties was the point of our Comment, and as our correspondent writes, we did emphasise that gratitude is due for *publicity* over the *past year or so*—Editor.

An imposition

I was interested in the plea by Xrayser for correspondence and although my letter does not refer to the problem of pharmacy distribution, I would like to bring to your notice a scene quite often enacted in retail pharmacy.

Two people enter with their prescription. One is an old lady in her 80’s who has to go through the rigmarole of filling in the back before obtaining her requirements free of the levy. The other is a young teenager on what is probably her first course on the “pill”. She merely hands over her prescription without having to put pen to paper. This to my way of thinking is very unfair and should be put right without delay.

S. S. Martin
Kendal, Cumbria

Stirring the brew

Your “home brews” supplement stirs me with indignation at the hypocrisy of Mr Roy Mantle, Tom Caxton’s product manager. How can he strive for business from the independent chemist, extolling the virtues of the pharmacist to iron out home brewers’ difficulties and stock all the requisites that go with a good home brewing department and, at the same time, advertise “There’s never been a better time to introduce us to your customers”, “For healthy profits take Tom Caxton regularly”?

Why, Mr Mantle, should I introduce Tom Caxton to find that repeat business is taken to Woolworths who sell at below the price you sell to me “direct,” and why should I solve problems or replace faulty brews bought elsewhere?

No! Mr Mantle I have stopped stocking Tom Caxton and unless you can do something about it the situation will “stay put”.

J. C. Walker
Helston, Cornwall

BOOKS

Apothecary Jars. Pharmaceutical pottery and porcelain in Europe and the East, 1150-1850, Drey, Rudolf E. A. Faber and Faber, 3 Queen Square, London. £17.50.

Drug jar enthusiasts will thoroughly enjoy this book which is excellently produced: its 240 pages are packed with information and it is illustrated with well over 100 plates, eight of which are in colour. The book opens with the story of the development of tin-glazed jars and includes a map showing the principal centres of production in Europe. The second chapter deals with the pharmaceutical pottery of the classical Italian factories. This is followed by descriptions of earthenware jars of the later Italian factories—34 of these are illustrated, mostly with inscriptions.

The fourth chapter deals with French earthenware and French and Austrian porcelain jars. The characteristic dark blue designs of Nevers jars needs careful comparison with jars from the less frequently encountered English counterparts. It is helpful to identify French pottery by the designs which frequently depict snakes on the pottery itself as well as serpentine handles; also the inscriptions are frequently in French.

A chapter on the Low Countries includes jars from the North and South Netherlands as well as many others emanating from Holland and Belgium, a few of these having the possible attribution to Brussels. English earthenware is represented by a number of jars and pill slabs, some bearing dates and others the arms of the Apothecaries Company.

Chapter seven covers the pharmaceutical pottery of Spain and Portugal. There is uncertainty as to the exact attributions of some of these examples since Spain was a prolific source of jars. Televera, Seville and Alcora examples as well as many bearing the arms of monastic orders are plentiful. Pharmaceutical containers of Germany and Austria (chapter eight) were mostly of stoneware although porcelain was often used in Austria. Switzerland is represented by the well-known Winterthur jars. Mr Drey has illustrated several of these decorated with the effigies of the Apostles. An unusual inclusion is chapter 10, consisting of five pages on Chinese ceramics.

Perhaps the most useful chapter (40 pages) is a glossary of the more important terms used in apothecary jar inscriptions—most collectors are interested to know what their jars contained.

COMPANY NEWS

ICI first half profits limited

Profitability continues to be limited by the effect of overcapacity on prices and by increasing costs, says a statement from ICI Ltd accompanying first half results for 1978. Pretax profit was £251 million (£309m for the same period in 1977) on sales of £2,216m (£2,414m). The group sold its interest in Imperial Metal Industries Ltd in November 1977 but when those figures have been excluded from the 1977 first half results, group sales are reduced to £2,190m. UK sales increased by £53m to £875m but overseas sales fell by £27m to £1,341m. The company reports some increase in the second quarter following a depressed second half of 1977 and little improvement in first quarter 1978 volume.

Briefly

Weleda (UK) Ltd are moving to Heanor Road, Ilkeston, Derbyshire DE7 8DR. Telephone 0602-303151. The dispensary will be closed on September 22.

Robertet (UK) Ltd, have moved their sales office, adjacent to the headquarters, to Haddon House, Hindhead Road, Haslemere, Surrey. The Curzon Street office is being retained for meetings.

APPOINTMENTS

P. Leiner & Sons Ltd: Mr Arthur Merrick has been appointed to the main board with special responsibility for cost control.

Ortho Pharmaceutical Ltd: Mr John (Ian) Ross has been appointed marketing director. He joined the company in January, having previously been director of marketing with Wyeth Laboratories.

Approved Prescription Services Ltd: Mr Edgar Bakewell—previously with Vestric—has joined the APS sales team. Based in Walsall, he is to cover the Midlands territory.

British Cod Liver Oils Ltd: Mr Ken Winkle has been appointed to the board of directors as export director. Mr Winkle joined the company in February 1977 having worked in Sweden and Kenya for 16 years.

Roche Products Ltd: Lynn Smith has been appointed cosmetics manager. This appointment carries the responsibility for the company's Eversun and Pantene range. Lynn Smith joins Roche from the salon division of the Bristol Myers.

Distributive Industry Training Board: Mr Peter Mansfield has been appointed area manager of the DITB's south east area which includes Kent, East Sussex, West Sussex and most of Surrey. Mr Mansfield succeeds Mr Peter Fleming who has moved to a promotional position in the training development group at head office, Manchester.

Dylon International Ltd: Mr Norman Crausay ACA, chief accountant and deputy company secretary of Mayborn Products Ltd, has been appointed to the board of their sales subsidiary, Dylon International Ltd. Mr Bob Watkins, formerly a sales representative with Dylon, has been promoted to special accounts executive. He will be responsible for the development and servicing of major accounts throughout the UK.

COMING EVENTS

Monday, September 18

Mid Glamorgan Branch, Pharmaceutical Society, Abercynon Rugby Club, at 8 pm. Rugby films and sponsored wine and cheese evening.

Plymouth Branch, Pharmaceutical Society, board room, Greenbank Hospital, at 7.45 pm. Mr Mervyn Madge (member of Pharmaceutical Society Council) on "Acupuncture history, increasing history, its place today".

Wednesday, September 20

Northumberland & Gateshead Branch, National Pharmaceutical Association, Medical Institute, 4 Eslington Road, Jesmond, Newcastle-upon-Tyne, at 7.30 pm. Annual meeting followed by

Mr G. Urwin (member of Pharmaceutical Services Negotiating Committee) on "NHS matters".

Thursday, September 21

Birmingham Branch, National Pharmaceutical Association, Imperial Hotel, Temple Street, Birmingham, at 7.30 pm. All members of Birmingham, Coventry, Warwickshire, West Midlands, Worcester and Hereford branches invited to special meeting. Speaker Mr Arthur Trotman (managing director, Independent Chemists Marketing Ltd) on "Recent developments in wholesaler services to NPA members".

Wirral Branch, Pharmaceutical Society, Wirral postgraduate medical centre, Clatterbridge Hospital, at 8 pm. Mr B. R. Edwards (senior lecturer in pharmacy, Liverpool Polytechnic) and Mr G. Pickup (PSGB inspector) on "New legislation".

Sunday, September 24

Northern Scottish Branch, Pharmaceutical Society, Burghfield Hotel, Dornoch. Lunch (£3.15) at 1 pm, meeting 2.15 pm. Mrs E. M. Leigh (past president, Pharmaceutical Society) on "The future of general practice pharmacy".

Advance information

Veterinary Legislation in UK and EEC, British Institute of Regulatory Affairs, October 10, Pharmaceutical Society, 1 Lambeth High Street, London SE1, at 10 am. Applications (£9 member, £14 non-member) to Mr B. E. James, E. R. Squibb & Sons Ltd, Regal House, Twickenham TW1 3QT.

NPA security seminar: Seminar for retail pharmacists, London, October 11. Fee £20, including coffee, lunch and tea. Further details from NPA, 40 St Peter's Street, St Albans, Herts.

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MARKET NEWS

Peppermint falls

London, September 13: A drastic fall in the quotations for Brazilian peppermint oil was the main feature of the essential oil market during the week. Brazil shippers, who for months have been quoting rates well above China—a rare occurrence in previous years—decided to become more competitive, dropping their values to about £4.35 kg from £5.30. Spot holders, partially followed, doing business at £4.75 against £5.30 previously and considerable quantities changed hands. China, conversely, has yet to react to the much lower US prices for spearmint oil which dropped following a good crop this year. Among other oils, patchouli and clove were dearer.

Brazil menthol followed peppermint oil down with spot at £8.15 kg and shipment at £7.50 against £8.80 and £8.40 respectively. Botanicals were quiet with prices unchanged on the week.

Export of quinine, quinine products and cinchona alkaloids has been banned by the Indian government. Export of quinine sulphate will, however, be allowed under open general licence. These decisions have been taken at the instance of the National Malaria Eradication Programme authorities in the context of the resurgence of malaria in a big way and the expectation of more cases following the

rainy season. It was pointed out that certain types of malaria respond to quinine especially in India's North-eastern region.

Pharmaceutical chemicals

Acetarsol: £14.28 kg in 50-kg lots.
Acetone: £262 to £266 metric ton as to grade for 30-drum lots.
Aluminium chloride: Pure 50-kg lots £1.07 kg.
Ammonium acetate: BPC 1949 crystals £0.7378 kg in 50-kg lots; strong solution BPC 1953 £0.243 kg in 200-kg lots.
Ammonium bicarbonate: BPC £178.35 metric ton, ex-works, in 50-kg bags.
Ammonium chloride: Pure in 50-kg lots £0.2344 kg for powder.
Ammonium tartrate: Commercial £1.51 kg in 50-kg lots.
Iodides: Ammonium £7.97 kg (for 50-kg lots); potassium £3.77 kg (250-kg lots); sodium £5.81 kg (50-kg).
Iodine: Resublimed £5.49 kg in 250-kg lots.
Mercurials: Per kg in 50-kg lots; ammoniated £7.48; oxide—red £8.82 and yellow £8.54; perchloride £6.14; subchloride £7.82; iodide £8.10.
Paracetamol: (Per kg) 50-ton contracts from £2.94;
Quinidine sulphate: £135 per kg.
Quinine: (50-kg lots per kg) Alkaloid £100; bisulphate £73.50; dihydrochloride £95; hydrochloride £92; sulphate £85.50.

Crude drugs

Aloes: Cape £965 ton spot; £910, cif. Curacao £2,210, cif.
Benzoin: £163 spot; £162, cwt cif.
Camphor: Natural powder £5.40 kg spot; £5.30, cif. Synthetic £0.90 spot £0.75, cif.
Cascar: £965 metric ton spot; £920, cif.
Cinnamon: Seychelles bark £470 metric ton spot; £375, cif. Ceylon quills 4 o's £0.69 lb; featherings £3.05 metric ton, cif.
Cloves: Madagascar-Zanzibar £4,300 metric ton, spot; £3,945 cif.
Kola nuts: £590 metric ton spot; £520, cif.
Lemon peel: Unextracted, £1,240 metric ton spot; shipment £1,220, cif.
Liquorice root: Russian £360 no spot; £360 metric ton cif. Block juice £1.48-£1.80 kg spot; spray dried £1.50-£1.60 kg.
Lobelia: American £1,290 metric ton spot; European £1,220 spot.
Lycopodium: Russian £5.20 kg, cif. Indian £4.50
Mace: Grenada unsorted £2,130 ton, fob.
Menthol: (kg) Brazilian £8.15 spot; £7.50, cif. Chinese £7.75 duty paid; £7, cif.
Nutmeg: (per metric ton) Grenada 80's unquoted; unsorted £1,425 defectives £1,120.
Nux Vomica: No spot; forward £255 metric ton, cif.
Pepper: (metric ton) Sarawak black £950 spot, £1,625 cif; white £1,480 spot; £2,600, cif.

Podophyllum: Root Chinese £420 metric ton, cif. Indian £830, cif.
Quillaia: Spot £1.20 kg; £0.90, cif.
Rhubarb: Chinese rounds 60 per cent pinky £3.50 kg, spot; £3.25, cif.
Saffron: Mancha superior nominal.
Sarsaparilla: Jamaican £1.97 kg spot; £1.95, cif; Mexican £1.60 spot, £1.55, cif.
Seeds: (metric ton). **Anise:** China star £790, cif; forward. **Celery:** Indian £460 cif. **Coriander:** Moroccan £210. **Cumin:** Turkish £900; Iranian £1,000. **Dill:** Chinese nominal. **Fennel:** Chinese £240. **Fenugreek:** Moroccan £235.
Slyrax: Turkish natural £4.10 kg spot; no cif.
Tonquin beans: Para £2.30 kg spot; £2.10 cif.
Turmeric: (metric ton) Indian powder £950 metric ton, cif.
Witchhazel leaves: £2.90 kg spot; no cif.

Essential oils

Anise: (kg) Spot £14.85; shipment £14.75, cif.
Almond: Sweet in drum lots £1.10 kg duty paid.
Bay: West Indian £11.20 kg spot; £10.85, cif.
Bois de rose: Spot £6.50 kg; shipment £6.25, cif.
Buchu: South African £120 per kg spot; English distilled £190.
Cade: Spanish £1.25 kg.
Camphor white: £0.87 kg spot; £0.80, cif.
Cananga: Indonesian £17.50 kg spot; £17, cif.
Cardamom: English-distilled £270 kg.
Cassia: Spot nominally £36.50 kg; shipment £34, cif, English distilled from bark £160.
Cedarwood: Chinese £1.50 kg spot; £1.36, cif.
Celery: English distilled £40 kg.
Cinnamon: Ceylon leaf £3 kg spot; £2.80 cif. Bark, English-distiller £150.
Citronella: Ceylon £1.50 kg spot; £1.42, cif; Chinese £2.25 spot and cif.
Clove: Indonesian leaf, £2.65 kg spot; £2.50, cif; English-distilled £40.
Coriander: Russian about £20 kg.
Eucalyptus: Chinese £2 kg spot; £1.73, cif.
Fennel: Spanish sweet £10 kg spot.
Geranium: Bourbon £47 kg spot; £46.25, cif.
Ginger: Chinese £33.70 kg, cif; no spot. Other sources up to £75 spot. English-distilled £120.
Lavender spike: £12.50 kg cif.
Lemon: Sicilian best grades from £16 kg.
Lemongrass: Cochin £5.25 kg spot; £4.65, cif.
Origanum: Spanish 70 per cent £16 kg nominal.
Palmarosa: No spot offers; £13.25 kg, cif.
Patchouli: Indonesian £10 kg spot; £9.75, cif.
Pennyroyal: From £13 per kg spot.
Pepper: English-distilled ex-black £125 kg.
Peppermint: (kg) Arvensis—Brazilian £4.75 spot, £4.35, cif. Chinese £4.25, spot and cif. Piperata American about £16 cif.
Rosemary: £5.60 kg spot.
Sandalwood: Mysore £87.50 kg. East Indian £73.50.
Spearmint: (kg) American new crop £6.25, cif. Chinese £13.40 spot; £12.80, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

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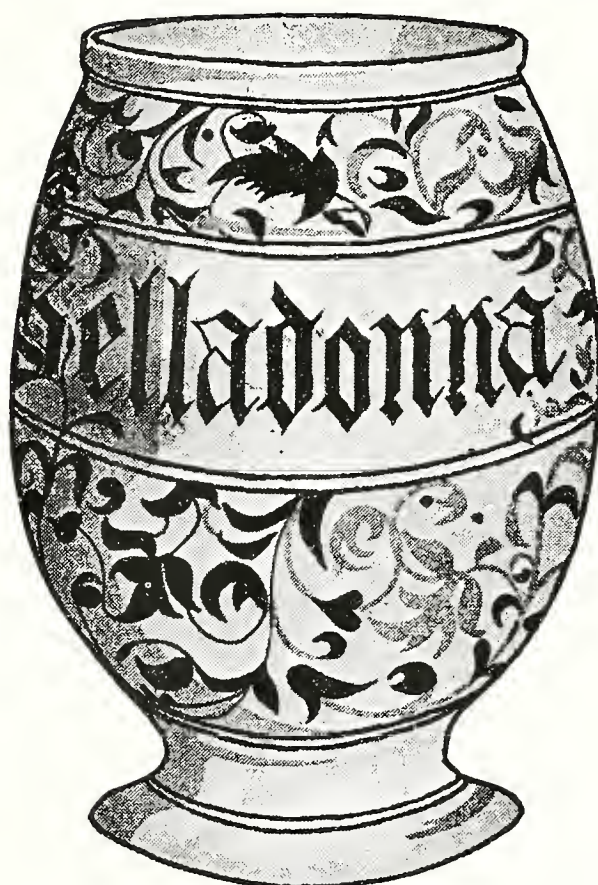
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